

Opening Doors

FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

ANNUAL UPDATE 2014

Appendix



UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS

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Executive Summary

The United States Interagency Council on Homelessness (USICH, or the Council) is pleased to submit its Fiscal Year 2014 Annual Report from member agencies on both targeted and mainstream programs that help people experiencing or at risk of homelessness. This is an appendix to the annual update on progress made implementing *Opening Doors*.

Section 203[c] of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11313(c)), requires the Council and each member agency of the Council to prepare an annual report on their activities. Under the Act, each agency prepares a report that describes:

- A. “each program to assist homeless individuals administered by [the] agency and the number of homeless individuals served by such program;
- B. “impediments, including any statutory and regulatory restrictions, to the use by homeless individuals of each such program and to obtaining services or benefits under each such program; and
- C. “efforts made by [the] agency to increase the opportunities for homeless individuals to obtain shelter, food and supportive services.”

In preparing this FY 2014 Annual Report, USICH requested that the member departments and agencies provide concise and relevant summaries of their programs and relevant data from FY 2014. This appendix consists of the submissions of 16 of the 19 federal departments and agencies. This section meets the reporting requirements of 42 U.S.C. § 11313(c)(2) and provides summaries of the federal programs designed to serve the needs of people experiencing homelessness.

For each agency, there are concise summaries that include the title of each program targeted to people experiencing homelessness, a description of the program, how it is funded and awarded, the number of people served, any planned studies or evaluations of the program, and, where available, a discussion on any impediments to the program with corresponding recommendations for improvements. The summaries also include a four-year funding history. Following the summaries, and when applicable, a brief overview of each department’s mainstream programs that have an impact on the population experiencing homelessness will be included.

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service (FNS)

The mission of U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) is to provide low-income individuals and families with access to food and a more healthful diet through food assistance programs and nutrition education. Individuals and families currently experiencing homelessness, as well as homeless service providers, can benefit from many of these programs, including the Supplemental Nutrition Assistance Program (SNAP); the National School Lunch Program (NSLP) and School Breakfast Program (SBP); the Child and Adult Care Food Program (CACFP); the Summer Food Service Program (SFSP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); The Emergency Food Assistance Program (TEFAP); and the Food Distribution Program on Indian Reservations (FDPIR). Food assistance is a critical income support for individuals and families experiencing homelessness or on the verge of becoming homeless, who can then use more of their discretionary income on housing. At this time, FNS does not collect data about the number of individuals or families experiencing homelessness served in these programs. Through active partnerships and strategic initiatives, FNS continues to conduct outreach to national and local service providers—including those serving individuals and families experiencing homelessness—to increase access to food assistance for disadvantaged populations throughout the United States. All programs referenced below (WIC excluded) are entitlement programs, and funding for each program increases or decreases each year in response to demand.

Supplemental Nutrition Assistance Program (Mainstream)

The Supplemental Nutrition Assistance Program (SNAP), authorized in Section 4001 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2011, et seq.) and previously known as the Food Stamp Program, provides access to healthy food for over 46 million people each month, nearly half of whom are children. SNAP helps low-income people put healthy food within reach by providing a monthly benefit used to purchase food at the grocery store or farmers' market. Benefits are provided on an electronic benefit transfer (EBT) card. Eligibility is based on income, resources, and other factors.

FNS administers SNAP at the federal level. State agencies administer the program at the state and local levels. State agency responsibilities include determining eligibility and distributing benefits, often through a network of state offices or contracted community and faith-based organizations. Many community and faith-based organizations provide information and application assistance.

There are no specific SNAP policies regarding the expedited processing of applications for households experiencing homelessness. However, if a person experiencing homelessness meets one of the expedited services criteria (critically low income and/or liquid resources or status as a destitute migrant or seasonal farm worker household) their application will be considered expedited and processed within the seven-day standard. In addition, applicants for SNAP do not have to provide a photographic identification, have a permanent address, or be a certain age. Households of people experiencing homelessness do not have to provide verification of residency.

FNS provides policy clarification to ensure that people experiencing homelessness can access SNAP. The document "Q&A for Homeless Persons" is also posted on the FNS website to clarify common policy misconceptions relevant to accessing SNAP.

National School Lunch Program and School Breakfast Program (Mainstream)

The National School Lunch Program (NSLP) is authorized by the Richard B. Russell National School Lunch Act (42 U.S.C. § 1751 et seq.) and provides nutritionally balanced, low-cost or free lunches to students each school day. Eligibility for free and reduced-price lunches is based on each family's income. Students who participate in this program may also have access to afterschool snacks, and fresh fruits and vegetables at school. If a family participates in SNAP, the children are categorically eligible to receive free school lunches.

The School Breakfast Program (SBP) is authorized by Section 4 of the Child Nutrition Act of 1966 (42 U.S.C. § 1773) and gives low-income students free or reduced-price healthy breakfasts at the start of their school day. If a family participates in SNAP, the children are eligible to receive free school breakfasts.

The Food and Nutrition Service administers the NSLP and SBP at the federal level. At the state level, these programs are usually administered by state educational agencies, which operate NSLP and SBP through agreements with school food authorities.

Children who are determined to be homeless, as defined under Section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11434), are categorically eligible for free meals. Newly identified children experiencing homelessness should be identified and certified as eligible for free meals as promptly as possible. To the extent possible, applications for free and reduced-price meals should be processed immediately. Children experiencing homelessness may also be determined eligible through the standard application process.

Child and Adult Care Food Program (Mainstream)

The Child and Adult Care Food Program (CACFP) is authorized by Section 17 of the Richard B. Russell National School Lunch Act (42 U.S.C. § 1766). CACFP regulations are codified at 7 CFR part 226. CACFP helps child- and adult-care providers serve healthy meals and snacks each day as a regular part of their day care. CACFP also serves at-risk children age 18 and under who are residents of emergency shelters or participants in afterschool programs. Age limitations differ for participants who are children with disabilities as defined by the Individuals with Disabilities Education Act (IDEA).

The Healthy Hunger-free Kids Act of 2010 reformed meal programs delivered by FNS, improving the critical nutrition and hunger safety net for millions of children. Provisions of the Act improved nutritional standards and the quality of food served. It also provided more meals for at-risk children nationwide by allowing CACFP providers in all 50 states and the District of Columbia to be reimbursed for providing a meal to at-risk children after school. In FY 2014, nearly 110 million free at-risk, afterschool meals were served. The Act also enhanced universal meal access for eligible children in high-poverty communities by eliminating paper applications and using Census data to determine school-wide income eligibility.

FNS administers CACFP through grants to states. CACFP is administered within most states by the state educational agency. In a few states it is administered by an alternate agency, such as the state health or social services department. The child care component and the adult day care component of CACFP may be administered by different agencies within a state, at the discretion of the governor. Independent centers and sponsoring organizations enter into agreements with their administering state agencies to assume administrative and financial responsibility for CACFP operations. CACFP reimburses approved centers/organizations for serving meals that meet federal nutritional guidelines. Children who are determined to be homeless, as defined under Section 725(2) of the McKinney-Vento Homeless Assistance Act, are categorically eligible for free meals. Newly identified children experiencing homelessness should be identified and certified as eligible for free meals and snacks as promptly as possible. To the extent possible, applications should be processed immediately. Children experiencing homelessness may also be determined eligible through the standard application process.

Summer Food Service Program (Mainstream)

The Summer Food Service Program (SFSP) is authorized by Section 13 of the Richard B. Russell National School Lunch Act (42 U.S.C. § 1761) and provides meals and snacks to children during the vacation months when they do not have access to school meals. Free meals and snacks are provided to children age 18 and under in summer programs run by schools, churches, camps, parks and recreation departments, and other community organizations. Some locations may ask a family to provide information about their income in order to qualify for free meals. Some camps and clubs serve only children enrolled in their programs.

SFSP is administered at the federal level by FNS. State educational agencies administer SFSP in most states. Other state agencies may also be assigned to run the program. The state agency approves sponsor applications, conducts

training of sponsors, monitors SFSP operations, and processes program payments. Sponsors sign agreements with their state agencies to run the program. SFSP reimburses approved sponsors for serving free meals and snacks that meet federal nutritional guidelines.

Children who are determined to be homeless, as defined under section 725(2) of the McKinney-Vento Homeless Assistance Act, are categorically eligible for free meals. Newly identified children experiencing homelessness should be identified and certified as eligible to receive free meals as promptly as possible. To the extent possible, applications (when applicable) should be processed immediately. Children experiencing homelessness may also be determined eligible through the standard application process (where applicable).

Special Supplemental Nutrition Program for Women, Infants, and Children (Mainstream)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is authorized by section 17 of the Child Nutrition Act of 1966 (42 U.S.C. § 1786) and serves low-income pregnant women, breastfeeding and non-breastfeeding postpartum mothers, and infants and children up to five years old. WIC provides supplemental foods, nutrition education, breastfeeding promotion and support, referrals, and access to health and social services. Each month, those who qualify receive vouchers or an EBT card to purchase specific foods that are based on individualized nutritional needs identified by a health professional. Pregnant women, breastfeeding and non-breastfeeding post-partum women, and children up to five years old may qualify for WIC if income requirements are met and they are found to be at nutritional risk based on medical, anthropometric or dietary risk factor such as diabetes, obesity, or feeding an infant or child inappropriately. Certain predisposing conditions, including homelessness, are considered to be nutrition risk factors and can establish WIC eligibility in the absence of any other medical, anthropometric, or dietary risk.

FNS, which administers the program at the federal level, provides grant funds to WIC state agencies (state health departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

WIC does not provide expedited application processing for those experiencing homelessness. However, WIC applicants who are rendered homeless as the result of a disaster are assessed and certified to receive Program benefits on an expedited basis.

Emergency Food Assistance Program (Mainstream)

The Emergency Food Assistance Program (TEFAP) is authorized in the Emergency Food Assistance Act of 1983 (7 U.S.C. § 7501 et seq.) and is a federal program that helps supplement the diets of low-income Americans by providing them with emergency food and nutrition assistance at no cost.

Under TEFAP, USDA makes USDA Foods available to state distributing agencies. The amount of food that each state receives out of the total amount of food provided is based on the number of unemployed persons and the number of people with incomes below the poverty level in the state. States provide the food to local agencies that they have selected, usually food banks, which in turn distribute the food to local organizations such as soup kitchens and food pantries that directly serve the public. States also provide the food to other types of local organizations, such as community action agencies, which distribute the foods directly to low-income households. These local organizations distribute USDA Foods to eligible recipients for household consumption, or use them to prepare and serve meals in a congregate setting. Recipients of food for individual use, including people experiencing homelessness, must meet income eligibility criteria set by the states.

Those individuals experiencing homelessness can receive immediate food assistance in the form of prepared meals in a congregate setting.

Food Distribution Program on Indian Reservations (Mainstream)

The Food Distribution Program on Indian Reservations (FDPIR) is authorized by Section 4 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2011 et seq.). It provides USDA Foods to income-eligible households living on Indian reservations and to American Indian households residing in approved areas near reservations or in Oklahoma. Many households participate in FDPIR as an alternative to SNAP.

The program is administered at the federal level by FNS. FDPIR is administered locally by either Indian Tribal Organizations (ITOs) or an agency of a state government. USDA purchases and ships USDA Foods to the ITOs and state agencies. These administering agencies store and distribute the USDA Foods, determine applicant eligibility, and provide nutrition education to recipients.

FDPIR does not have expedited application processing for those experiencing homelessness; however, eligible households, including of people experiencing homelessness, that are likely to experience hardship can receive same-day food assistance in the form of USDA Foods.

Rural Development

While USDA has no programs targeted solely for those experiencing homelessness, Rural Development (RD) provides assistance to people experiencing homelessness through its housing and community facilities programs, and through disaster assistance provisions. However, USDA's housing programs do not receive McKinney-Vento Homeless Assistance Act funding.

Nearly 80% of the land area of the United States is rural; and as of July 1, 2007, it is home to nearly 50 million nonmetropolitan residents. It ranges from vibrant rural communities with diversified, growing economies to areas suffering from isolation, poor infrastructure, lack of jobs, and population decline. Rural Development direct and guaranteed rural-housing programs help families and individuals escape homelessness by providing safe and affordable housing to a sector of the population that would not otherwise receive housing assistance.

In 2011, Rural Development assisted rural American families experiencing homelessness by providing funding for one homeless shelter, 13 individual or family social services facilities (such as domestic violence centers), and 17 food preparation and distribution centers.

Community Facilities (Mainstream)

The types of assistance available for people experiencing homelessness in the Community Facilities (CF) program consist of guaranteed loans, direct loans, and grants. These funds are available to nonprofit organizations, public bodies, and federally recognized Indian tribes. Guaranteed loans are those made by a bank or other traditional lender and guaranteed by the federal government. Direct loans are made by the USDA. Limited grant funds are available, with priority given to the smallest, poorest communities. The types of facilities funded include food pantries, homeless shelters, domestic violence shelters, homes for delinquents, youth centers, and group homes for various special populations, such as those with disabilities or those with substance use disorders. Assisted living facilities and nursing homes are also eligible for funding through this program. There are no specific set-asides for particular types of facilities. Each application is evaluated and rated according to established criteria. Such facilities may prevent homelessness among those unable to live alone or in need of special services.

In 2012, Rural Development assisted rural American families experiencing homelessness by providing housing for one homeless shelter, 123 individual or family social service facilities (such as domestic violence centers) and 175 food preparation and distribution centers.

Barrier to Access

Public bodies, nonprofit organizations and Indian tribes have no known impediments that affect their ability to obtain loans, loan guarantees, or grants to establish or improve homeless shelters. The organization applying for a loan or grant must have the demonstrated ability to raise sufficient funds to operate the facility and repay a loan since people experiencing homelessness would not have the resources to pay for services at cost.

Rural Development programs staff has an extensive outreach program to public bodies, faith-based, and nonprofit organizations.

Multi-Family Housing (Mainstream)

Individuals or families experiencing homelessness may apply for occupancy in any of over 15,000 multi-family housing properties located in rural areas across the country. Multi-Family Housing (MFH) direct loan and grant programs provide more than 440,000 affordable apartments to very low-income and low-income individuals and families. More than 60% of these apartments receive Rural Development rental assistance. These properties also accept Department of Housing and Urban Development vouchers. Almost 59% of the affordable apartments provide shelter for elderly and disabled tenants. More than 73% of all families are headed by single females.

Each year there are letters of priority entitlement (LOPE) that are issued to residents affected by Presidential Declared Disasters. A LOPE letter entitles the holder to move to the top of the waiting list at an RD-financed MFH property.

Barriers to Access

Rural Development staff worked extensively with borrowers to adopt effective strategies to obtain full occupancy and full utilization of all available rental-assistance resources.

Single-Family Housing (Mainstream)

Applicants experiencing homelessness or living in deficient housing receive processing priority for Single Family Housing (SFH) loans. SFH Real Estate Owned (REO) properties may be leased to nonprofit organizations or public bodies for transitional housing for families experiencing homelessness. As of June 2013, there were 10 of the 1,512 REO properties leased to entities to provide this type of transitional housing to those experiencing homelessness.

To reduce the cost to the federal government and increase the efficiency of managing non-program properties, local nonprofit groups are encouraged to purchase rather than lease REO properties for use as homeless shelters and related purposes. Property purchases, with the aid of Rural Development financing, enable local groups to maintain control of the property, reduce overall costs, and better provide services to rural families experiencing homelessness. When notified by a public body or nonprofit group of its intention to buy the property, Rural Development withdraws the property from the market for 30 days. Where necessary, USDA will make repairs to remove health and safety hazards. In addition, the listed price is reduced by 10% and favorable direct financing terms are provided to the group.

Efforts to Increase Participation by those Experiencing Homelessness and Homeless Providers

Rural Development staff worked extensively with public bodies and nonprofit organizations that serve people experiencing homelessness as part of its outreach program. National Office staff communicated the availability of homeless sale options to state and local staff who delivered the program locally.

Rural Development has taken certain actions to help mitigate this national crisis. For example, Rural Development has a MOU with the Department of Health and Human Services regarding the identification and leasing of suitable REO properties to local groups for use as homeless shelters and similar initiatives. Currently, 10 leases are in effect as a result of the MOU. Under the terms of these leases, the lessee group maintains the property and pays taxes,

insurance, and a \$1.00 per year lease fee; rental fees may not be charged to the tenant families, except to cover those costs. The greatest cost to the USDA is that of lost opportunity. Some properties have required repairs at the government's expense, though this is kept to a minimum. The programs conducted using the REO properties vary from short-term emergency shelters to longer-term home buyer training. Examples include domestic violence shelters, housing for families displaced by fire damage, and transitional housing.

The SFH Section 502 home loan programs, especially the direct loans, provide an important housing option to low- and very low-income families. In many rural areas, the number of available rental units is very limited, and are the units are oftentimes substandard. Without the SFH Section 502 loan program, many low-income families would need to consider living with relatives in over-crowded conditions or purchasing non-suitable properties, often financed by predatory lenders. In FY 2012 USDA provided 7,918 direct loans for a total of \$900 million and 149,109 loan guarantees totaling over \$19.2 billion.

DEPARTMENT OF COMMERCE

The U.S. Department of Commerce has no programs that provide direct assistance to individuals experiencing homelessness. However, the Department of Commerce, through the work of the Census Bureau, is a partner in understanding the demographic trends of the population experiencing homelessness for use by local governments and states in their communities.

Counting people experiencing homelessness presents one of the more significant challenges faced by the Census Bureau. People in emergency and transitional shelters were enumerated as part of the 2010 Census Service-Based Enumeration (SBE) operation. The SBE was conducted at service locations and targeted non-sheltered outdoor locations to provide an opportunity for people experiencing homelessness to be included in the census. These service locations included emergency and transitional shelters (with sleeping facilities), soup kitchens, and regularly scheduled mobile food vans. A [special report](#) was published in September 2012 showing the demographic characteristics and geographic locations of individuals in emergency and transitional shelters. The Census Bureau stresses that the report presents statistics for people enumerated at emergency and transitional shelters only, and should not be misconstrued as a count of the entire population experiencing homelessness.

Commerce's work with USICH helps to provide a framework for research, evaluation and data collection by the other participating agencies. For example, the U.S Department of Housing and Urban Development (HUD) revised the questionnaires for conducting counts of sheltered and unsheltered persons experiencing homelessness and updated existing guidance on how to conduct an unsheltered enumeration of the people experiencing homelessness. In FY 2013-14, the Census Bureau provided assistance to HUD with a peer review of their homeless survey questionnaires and enumeration guide and provided insight and recommendations.

DEPARTMENT OF DEFENSE

The Department of Defense (DoD) is working closely with the Department of Veterans Affairs (VA) and the other U.S. Interagency Council on Homelessness (USICH) member departments and agencies to actively train and equip all Service members to prepare for transition to civilian life and seek assistance when necessary to prevent veteran homelessness. The “citizen-soldiers” of the National Guard and Reserve Component are of particular concern at this time of reduced combat operations in a challenging economy, and we are increasing efforts to facilitate assistance for that segment of Service members. The programs described below provide information and resources that could potentially help prevent and reduce homelessness for Service members transitioning to civilian/veteran status if they choose to participate. While the Transition Assistance Program (TAP) is now mandatory for all Service members, absent limited exceptions, the other programs are voluntary and primarily benefit those who are wounded, ill or injured. All are deemed beneficial and have received positive feedback from transitioning Service members. In addition to these programs, DoD is working with VA to refine homelessness risk factors and associate the data which we provide to enable better evaluation of Service member risk. In FY 2017, DoD will provide VA with transition data information to include, but not limited to, by-name administrative information, confirmation of honorable service, pay, education, dependent status, other service information, and contact information when transitioning Service members have agreed to disclose to other federal agencies.

Transition Assistance Program (TAP)

Many transitioning Service members are looking for the security that a job and a predictable income provide in their quest for suitable healthcare and housing for themselves and their family. The tools they receive through the TAP are important in attaining that security and preventing homelessness.

Service members are required by law to commence pre-separation counseling no later than 90 days prior to active duty separation, but they are advised and encouraged to start the process 12 months before separation, or 24 months before retirement. Realizing the importance of transition assistance, Congress has made several components of the program mandatory, and the DoD has added a number of additional modules to help Service members meet career readiness standards prior to separating. Every eligible Service member will participate in pre-separation counseling, in the Department of Labor (DOL) Employment Workshop (with limited exceptions) and in the VA Benefits briefings as they transition from military into civilian life. Additionally, Service members will receive training in financial planning, in translating Military Occupational Code/Specialty (MOC/MOS) into civilian job categories, and in resilient transitions. Though Service members receive resilience instruction while in the military, the module resident in the Transition GPS (Goals, Plans, Success) class highlights connections to both resources and support to maintain their resilience and ability to positively respond to challenges and stress as they transition and reintegrate back into civilian communities. Based on the individual needs of each Service member, modules in “Accessing Higher Education,” “Career Technical Training,” and “Entrepreneurship” are also offered. To strengthen TAP and reinforce its value to Service members and their families, DoD, in collaboration with our partners at VA, DOL, Small Business Administration (SBA), Department of Education, and the Office of Personnel Management, is committed to moving TAP from a traditional event-driven approach to a modern, innovative lifecycle approach. The Military Services reported that the Military Life Cycle Transition Assistance Program (MCL TAP) was executed on October 1, 2014. The MLC TAP Implementation Plan, dated April 7, 2014, supports the transition-related provisions of the “Veterans Opportunity to Work (VOW) to Hire Heroes Act of 2011”. The Department has implemented several other mandates known as Career Readiness Standards (CRS) to assist Service members in becoming career ready. These mandates are delivered throughout the Service members MLC. Transition GPS (Goals, Plans, Success), provides Service members with useful, quality instruction plus connections to the benefits and resources available to them as Veterans to successfully “prepare” and “connect” them to the greatest opportunity for a successful and productive post-service career. We are shifting from an end-of-military-service event to an outcome-based model that integrates transition throughout the Military Life Cycle. Success will be measured by the number of transitioning Service members and their families who find the TAP curriculum and process beneficial in achieving their individual life goals. We are implementing a strategic plan that emphasizes the use of information technology,

strategic communications, resources, and performance management, to achieve DoD's TAP goals. The ultimate objective of the redesigned TAP is integrating transition preparation across the Service member's Military Life Cycle. The Department's goals and objectives reflect our vision of returning to the Nation a career-ready Veteran, which will, in turn, strengthen the All-Volunteer Force. We will continue to campaign to drive cultural change within the Department through awareness and understanding, while fostering ownership of the core capabilities and services provided by the TAP. The plan places a greater emphasis on outreach to external stakeholders such as labor, industry and community partners. The end result will be a career-ready military, postured for success throughout their military career, and ready to thrive in civilian life.

The new Transition GPS (Goals, Plans, Success) curriculum model is a set of modules designed to build skills for Service members to meet CRS. This new model represents a need for a culture change. An underpinning of this cultural shift is a signed Memorandum of Understanding (MOU) between the Department and its partner agencies. Based on this national pledge, installations can develop their own local MOUs with partner agencies to ensure standardized services for our military members career planning. The 2014 Department of Defense Human Goals Charter signed by the Secretary of Defense and Chairman of the Joint Chiefs of Staff, the two top leaders, specifically highlights the importance of helping each Service member prepare for transitioning to civilian life in support of the Service member's military and civilian career plans. These are clear signs of a changing perspective. The end-state for the TAP re-design will be a population of empowered Service members armed with the right knowledge, skills, and abilities to make informed career decisions, to be competitive in the global work force, and to become positive contributors to their community.

Recovery Coordination Program (RCP)

The Recovery Coordination Program (RCP) standardizes non-medical care provided to wounded, ill and injured Service members across the military departments. This is accomplished through a variety of programs including the assignment and training of Recovery Care Coordinators (RCCs), the Operation Warfighter (OWF) internship program, the Education and Employment Initiative (E2I), and the Military Adaptive Sports Program (MASP).

One of the duties of the RCC is to help Service members identify needs, and the programs and resources that can meet those needs—including the programs listed above—and to capture that information in a comprehensive recovery plan (CRP). The CRP is a living document that is updated and adjusted as the needs of Service members and their families change.

Identifying and tracking needs through the CRP ensures that issues and concerns (for example, mental health, behavioral health, finances and financial management, substance use/abuse, and family strife) can be addressed before they become large-scale problems resulting in long-term hardship for families: unemployment, bankruptcy, foreclosure, and homelessness.

Operation Warfighter (OWF) Program

Operation Warfighter (OWF) is a non-paid internship program for recovering Service members (RSMs), including active duty, National Guard and Reserve Component, as well as any RSM assigned to a Wounded Warrior Program or referred to the Integrated Disability Evaluation System (IDES). Eligible RSMs must also be medically cleared by their recovery team and chain of command to participate in OWF internships.

The main objective of OWF is to place RSMs in a supportive work environment that positively impacts their recovery. The program represents an opportunity to augment employment readiness by building a resume, exploring employment interests, developing job skills, and gaining valuable work experience that will help prepare the RSM for the future.

Benefits to employers that host OWF interns include the ability to demonstrate support for the Military Services and sacrifice of RSMs; the access to the considerable military and non-military skills of interns; a vehicle for permanent recruitment of RSMs and Veterans in support of the Executive Order on the Employment of Veterans in the federal government; a better understanding of the skill sets of RSMs; and a better understanding of the challenges some RSMs face in the workplace.

OWF outreach events are organized and conducted monthly to inform RSMs, care coordinators, federal agencies, and other stakeholders about OWF, and to facilitate internship placements. They are held at each military installation in the National Capital Region (Walter Reed National Military Medical Center, Fort Belvoir, and Fort Meade) and in other OWF regions around the country on an as-needed basis.

Over 2,500 RSMs have participated in the program since its inception in 2004. In June 2013 there were 495 RSMs participating in active internships, with 160 RSMs across the nation in the process of obtaining an internship. OWF cooperates with more than 507 federal agencies to match and place internship candidates.

Many participants have indicated that OWF restored a sense of normalcy and eased their transition back to work. Placing RSMs in supportive work environments outside the hospital setting also positively impacts the recuperation / wellness process. Participation in these OWF internships better prepares RSMs to enter the workforce, increases their ability to secure and keep meaningful employment, and can contribute to their financial stability, precluding homelessness and other economic struggles.

Education and Employment Initiative (E2I)

The Education and Employment Initiative (E2I) is a DoD program to ensure consistent offerings to all RSMs by synchronizing, integrating, and expanding available education and employment opportunities.

The E2I model is implemented by the Military Services, through E2I Regional Coordinators, RCCs, transition coordinators, and non-medical case managers, who ensure Service members are guided through the following six step process:

- *Identify:* The RSM is identified as ready to participate in E2I activities and referred by their chain of command or recovery team
- *Assess:* A comprehensive skills assessment is administered by a qualified vocational rehabilitation counselor
- *Plan:* An individual career plan, with objectives and milestones, is developed and the CRP is updated
- *Prepare:* RSMs to participate in the actions outlined in their career plan, including internships, further education and/or vocational training
- *Match and Place:* Specific career or educational opportunities are identified, and placement assistance is provided by E2I Regional Coordinators
- *Transition:* Can include return to duty or employment, education, career technical or vocational training, or community involvement

E2I staff at the Office of Warrior Care Policy (Office of the Secretary of Defense), along with E2I Regional Coordinators located across the country, help oversee and facilitate this process. E2I partnerships with the VA provide the E2I and IDES populations with vocational rehabilitation and employment (VR&E) services as early as possible in the recovery process. As of June 2013, approximately 15,000 opportunities have been identified through relationships with more than 900 organizations and agencies. Over the past year, monthly averages of 100 RSMs were referred to E2I, with 270 Service members currently being assisted. Fifty-two Service members have been placed in permanent employment as a result of their participation in E2I.

E2I fact sheets, brochures, Regional Coordinator geographic maps, and presentations are disseminated at outreach events such as career fairs and resource exhibitions to inform the Military Services, federal agencies, private sector partners, and other stakeholders. In addition, E2I staff provides on-boarding information through presentations about the E2I program to 10 new federal agencies monthly. Participation in E2I helps ensure that Service members' transition out of Military Service and into meaningful employment that meets their needs, skills, and interests. Preparing the Service member to pursue full-time employment opportunities can contribute to their financial stability and can help Service members avoid unemployment, financial hardship, and homelessness.

Military Adaptive Sports Program (MASP)

The Military Adaptive Sports Program (MASP) enhances recovery for wounded, ill, and injured Service members. Participants are engaged in individualized physical and cognitive activities outside traditional therapy settings early in their recovery, inspiring their recovery and physical fitness, and encouraging new opportunities for growth and achievement. In addition, MASP helps prepare RSMs for the annual Warrior Games and other competitive events.

MASP, and the adaptive sports and reconditioning programs operated by each of the Military Services, are open to all wounded, ill, and injured Service members who have been medically cleared to participate.

To inform the Services, Service members, families, and stakeholders about MASP, fact sheets and presentations are disseminated at appropriate events. These include adaptive sports experiences, the Warrior Games, community based reconditioning activities and exhibition events hosted by various organizations. Collaborative efforts between organizations such as the VA and Ride to Recovery provide additional opportunities for RSMs to engage in activities across the country.

Participation in the adaptive sports and reconditioning activities provided by MASP helps improve service members' physical and mental quality of life throughout the continuum of recovery and transition. The physical benefits of participation in these kinds of activities include lower blood pressure, improved weight management, and the enhancement of the rehabilitative process. Positive physical activity can also mitigate negative behaviors such as poor dietary habits, and alcohol and drug abuse. Positive physical activity helps contribute to increased self-esteem, a stable home and family environment, and mitigates the risks that may lead to negative outcomes such as homelessness.

DEPARTMENT OF EDUCATION

Education for Children and Youth Experiencing Homelessness (Targeted)

To help ensure that all children and youth experiencing homelessness have equal access to the same free, appropriate, public education available to other children, the Education for Homeless Children and Youth (EHCY) program, authorized under the McKinney-Vento Homeless Assistance Act (McKinney-Vento), provides assistance to states to: (1) establish or designate an Office of Coordinator of Education of Homeless Children and Youth; (2) develop and carry out a state plan for the education of children experiencing homelessness; and (3) make subgrants to local educational agencies (LEAs) to support the education of those children.

The United States Department of Education (ED) allocates program funds to states through a formula based on each state's share of funds under Title I, Part A, of the Elementary and Secondary Education Act of 1965 (ESEA). Each state receives an annual allocation that is, at a minimum, the greater of \$150,000; 0.25% of the total program appropriation for the fiscal year; or the amount of the state's fiscal year 2001 allocation. Program funds are also reserved for the outlying areas (0.1% of a fiscal year's appropriation) and the Department of the Interior's Bureau of Indian Education (1%). ED is also authorized to reserve funds to provide technical assistance and conduct evaluation and dissemination activities.

A state may reserve up to 25% (or in the case of states receiving the minimum award, 50%) of its allocation for state-level activities. With the remaining funds, a state must make subgrants to Local Educational Associations (LEAs). LEAs have flexibility in using their subgrant funds and may use them for such activities as providing enriched supplemental instruction, transportation, professional development, referrals to health care, and other services to facilitate the enrollment, attendance, and success in school of children experiencing homelessness, including preschool-aged children and youth.

Number of Homeless Persons Assisted

The following table is based on data for school years 2011-2012, 2012-2013, and 2013-2014 as reported to ED by state educational agencies (SEAs) in the *Consolidated State Performance Report*. Note that the school year varies by state and generally goes from July 1 of one calendar year through June 30 of the following calendar year.

	School Year		
	2011-2012	2012-2013	2013-2014
Total Children and Youth Experiencing Homelessness Enrolled in all LEAs	1,168,354	1,258,182	1,360,747
Total Children and Youth Experiencing Homelessness Served by LEAs with McKinney-Vento Subgrants	952,281	956,253	873,581
Total Children and Youth Experiencing Homelessness Enrolled in LEAs with and without McKinney-Vento Subgrants whose Primary Nighttime Residence is "Doubled-Up"	879,390	936,441	1,021,965
Total Children and Youth Experiencing Homelessness Enrolled in LEAs with and without McKinney-Vento Subgrants whose Primary Nighttime Residence is "Sheltered"	180,541	192,391	208,345
Total Children and Youth Experiencing Homelessness Enrolled in LEAs with and without McKinney-Vento Subgrants whose Primary Nighttime Residence is "Unsheltered"	41,575	41,635	45,011
Total Children and Youth Experiencing Homelessness Enrolled in LEAs with and without McKinney-Vento Subgrants whose Primary Nighttime Residence is "Hotels/Motels"	64,930	70,458	81,837

* Figures reported in this table are the same as what is reported by the Department of Education, which includes reporting on students experiencing homelessness in LEAs both with and without McKinney-Vento Subgrants. All SY data reported in this table are consistent with ED reporting.

Funding History (FY)

2014: \$65.0 million

2013: \$61.8 million

2012: \$65.2 million

2011: \$65.3 million

2010: \$65.4 million

2009: \$135.4 million (includes \$70.0 million in funds appropriated under ARRA)

ESEA Title I Programs (Mainstream)

- *Title I, Part A, Improving Basic Programs Operated by Local Educational Agencies*
This program provides financial assistance to LEAs and schools with high numbers or high percentages of children from low-income families to help ensure that all children meet challenging state academic standards. Federal funds are currently allocated through four statutory formulas that are based primarily on Census poverty estimates and the cost of education in each state.
- *Title I, Part C, Education of Migratory Children (Migrant Education Program)*
Funds support high-quality education programs for migratory children and help ensure that migratory children who move among the states are not penalized in any manner by disparities among states in curriculum, graduation requirements, or state academic content and student academic achievement standards.
- *Title I, Part D, Prevention and Intervention Programs for Children and Youth Who Are Neglected, Delinquent, or At-Risk (Neglected or Delinquent Program)*
The Part D, Subpart 2, *Local Agency Neglected and Delinquent* program provides formula grants to SEAs, who make subgrant awards to LEAs to provide educationally related support and transition services to students residing in local neglected or delinquent institutions or to other at-risk students enrolled in the LEA, including students experiencing homelessness.

Individuals with Disabilities Education Act (Mainstream)

- *IDEA Parts B and C, State Formula Grant programs*
The Office of Special Education Programs administers a comprehensive array of discretionary grant programs and other projects and two large state formula grant programs authorized by the *Individuals with Disabilities Education Act (IDEA)*. These formula grant programs provide funds to states to make services available to improve early intervention and educational results for infants, toddlers, children and youth with disabilities. IDEA was amended in 2004 to add a definition for children experiencing homelessness and to cross-reference the definition with section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11434a). The IDEA 2004 requirements, and their implementing regulations, also added state mandates under IDEA Parts B and C to identify, evaluate, and serve infants, toddlers, and children with disabilities who are eligible for IDEA services and who are experiencing homelessness. Additionally, the IDEA 2004 amendments require states that receive IDEA Part C fund to maintain a State Interagency Coordinating Council that must include as one of the Council's members a representative from the Office of the Coordinator for Education for Homeless Children and Youth.

Preferences/Expedited Processing

Students experiencing homelessness are automatically eligible for Title I, Part A services, and district homeless liaisons are authorized to expedite evaluations for Title I services for them [ESEA section 1115(b)(2)(E)]. LEAs must

reserve funds to serve students experiencing homelessness enrolled in non-Title I schools [ESEA section 1113(c)(3)(A)]. Title I, Part A school-wide programs should include coordination and integration of other federal, state, and local services and programs, including those authorized under the McKinney-Vento Homeless Assistance Act [ESEA section 1114(b)(1)(J)].

Students experiencing homelessness who are also eligible under Parts B and C of IDEA should receive coordinated attention from the district homeless liaison (or designee) and the special education coordinator for the district under IDEA Part B, and the local early intervention service provider under IDEA Part C. IDEA Part C (Early Intervention) requires the state lead agency to include in its “child find” program specific efforts to identify, locate, and evaluate infants and toddlers, including infants and toddlers who are homeless, who may be eligible due to a disability (which at the state’s discretion may include infants and toddlers who are at risk of developmental delay due to environmental or biological conditions) (see, IDEA sections 612, 632(5), 634, 635(a)(5)). Under IDEA, Part B, section 612, states and LEAs must have in effect policies and procedures to identify, locate, and evaluate homeless children who are suspected of having disabilities and who are in need of special education and related services. LEAs and early intervention programs should work with families in shelters to identify, using screenings or other tools, infants, toddlers, and children suspected of having disabilities who are in need of early intervention services under IDEA Part C or special education and related services under IDEA Part B. In February 2008, ED issued non-regulatory guidance entitled, “Questions and Answers on Special Education and Homelessness,” (accessed at <http://www2.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf> on January 9, 2014) that discusses further the relationship between the IDEA and the McKinney-Vento Act.

DEPARTMENT OF ENERGY

Weatherization Assistance Program (Mainstream)

The Weatherization Assistance Program (WAP) provides funding for states, the District of Columbia, territories, and certain Native American tribal organizations—which then in turn provide funding to local non-profits and units of government to weatherize low-income dwellings in order to reduce energy costs and to conserve energy. Shelter is also an eligible category for these funds, which includes homeless supportive housing.

The WAP enables low-income individuals and families to permanently reduce their energy bills by making their homes more energy efficient. Funds are used to improve the energy performance of dwellings using technologies and testing protocols available in the housing industry. Since the inception of the program in 1976, the WAP has provided weatherization services to more than 6 million low-income households. Low-income families spend on average 15.4% of their income—compared to 3.3% for other households—on these bills. For those struggling to pay their bills and in danger of becoming homeless, these extra savings can be spent to help them remain in their homes. Also, by allowing for the weatherization of homeless supportive housing, housing and service providers can benefit by lowering their energy costs and use the money saved for other program operations.

Barriers to Access

One barrier to access may be the lack of knowledge and collaboration around the availability of weatherization services for those at risk of homelessness and for homeless support agencies.

The U.S. Department of Energy (DOE) will work to include homeless assistance as part of their referral network through Weatherization Plus Health: A National Effort for Local Healthy Homes Collaboration. Weatherization Plus Health is a project to enable better coordination of resources to benefit low-income households with health and safety problems through the involvement of the WAP. This project has the potential to develop collaborations through which homeless support agencies could refer those at risk of becoming homeless to the WAP to reduce energy bills and help them afford to stay in their home. Weatherization workers could in turn provide referral information on homelessness prevention programs to those at risk of losing their home. The network could also spark valuable interaction between the WAP and other support agencies to usher homeless supportive housing stock into the weatherization queue.

In addition, the DOE supports 34 weatherization training centers, which help train the energy efficiency retrofit and weatherization workforce; nine of which are making extra efforts to employ Veterans, at-risk youth, and the unemployed. DOE provided \$29 million in American Reinvestment and Recovery Act (ARRA) grants to establish 26 new training centers and expand the capacity of eight existing centers in 27 states. The use of ARRA funds opened the door for new training centers that reach outside the WAP network with the potential to create new jobs.

State Energy Program (Mainstream)

The State Energy Program provides grants to states to support energy efficiency and renewable energy programs and projects. Some state programs include homeless support agencies and assistance projects.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health and well-being of all Americans and supporting the delivery of essential human services, especially for those who are most vulnerable. HHS is responsible for more than 300 programs covering a wide spectrum of activities. Some highlights include: Medicare and Medicaid; financial assistance and services for low-income families; improving maternal and infant health; child care and Head Start; preventing and responding to child abuse and domestic violence and dating violence; housing and supportive services for runaway and homeless youth; preventing teen pregnancy; mental illness and substance use treatment and prevention; medical and social science research; preventing outbreaks of infectious disease, including immunization services; and food and drug safety.

In FY 2013, the HHS budget authority totaled \$874 billion (HHS Budget in Brief, 2015). HHS is the largest grant-making agency in the federal government and a key health insurer. HHS's activities are administered by 11 operating divisions. These federal operating divisions work closely with state, local, and tribal governments, and many HHS-funded services are provided at the local level by state, county, or tribal agencies, or through community- and faith-based grantees.

Treatments and services to persons experiencing homelessness are included in the activities of HHS, both in programs specifically targeted to individuals experiencing homelessness (targeted homeless programs) and in those programs that assist eligible persons in need (mainstream programs). The dynamic nature of these efforts requires coordination between federal partners who are working together to align the efforts of each program to improve the outcomes for individuals who are homeless.

HHS has a portfolio of eight programs specifically targeted to address the service needs of people experiencing homelessness: 1) Health Care for the Homeless, 2) Grants for the Benefit of Homeless Individuals, 3) Cooperative Agreements to Benefit Homeless Individuals for states, 4) Services in Supportive Housing, 5) Projects for Assistance in Transition from Homelessness, 6) Programs for Runaway and Homeless Youth, 7) the Family Violence Prevention and Services Program and 8) the Federal Surplus Real Property program.

Health Care for the Homeless (Targeted)

The purpose of the Health Care for the Homeless (HCH) program administered by the Health Resources and Services Administration (HRSA) is to provide comprehensive primary health care, including a requirement to provide substance use services as needed, to people experiencing homelessness. Comprehensive services provided include, but are not limited to basic health services, diagnostic laboratory and radiologic services, preventive health services, emergency medical services and pharmaceutical services. Outreach workers, case management, and eligibility assistance workers are a few of the other required services that are especially critical to ensure patients experiencing homelessness establish eligibility for all appropriate programs.

The HCH program operates within guidelines for the Health Center program. Eligible grant recipients include private nonprofit and public entities. Eligible recipients of services include persons who are homeless, as well as those who are living in transitional housing arrangements or are doubled up. Other additional (optional) services include mental health and oral health services, optometry, environmental health services, occupational therapy, among others.

All Health Center programs, including HCH grant recipients, are required to submit annual reports by calendar year that outline services provided, demographic and clinical information on users of services, fiscal reports, etc. This data is compiled for the complete cohort of Health Center programs. Special reports are also compiled on the demographic characteristics and other aspects of patients experiencing homelessness.

Number of People Experiencing Homelessness Assisted

HCH Individuals Assisted

In calendar year 2014, HCH grantees served 853,382 individuals (of whom 813,331 were identified as experiencing homelessness). In calendar year 2013, HCH grantees served 851,641 individuals (818,882 experiencing homelessness). In calendar year 2012, HCH grantees served 836,980 individuals (803,505 experiencing homelessness). In calendar year 2011, HCH grantees served 825,295 individuals (800,613 experiencing homelessness) and in calendar year 2010, HCH grantees served 805,064 individuals (770,602 experiencing homelessness).

Funding History (FY)

2014: \$283.1 million

2013: \$247.3 million

2012: \$232.5 million

2011: \$215.8 million

2010: \$171.3 million

2009: \$185.5 million¹

Barriers to Access:

HCH responds to the circumstances of individuals experiencing homelessness (environmental, safety issues, etc.) through outreach, delivering services in locations accessible to people experiencing homelessness, and hours of service to accommodate the complexities of the lives of people experiencing homelessness. The program response includes provision of services regardless of an individual's ability to pay, full or significant discount for persons below federal poverty levels, and assistance in applying for Medicaid.

Services are scheduled to accommodate the complications in the lives of people experiencing homelessness and they are provided in a variety of settings, including fixed clinic sites, shelters, other congregate settings, and fully equipped mobile medical vans to deliver services on the street. HCH provides case management to help patients navigate the delivery system and outreach is conducted to build trust among people experiencing homelessness.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

All health centers are required to have boards of directors with a membership that consists of at least 51% consumers of services. HCH grantees may request a waiver of this requirement, given the nature of the population they serve and the complexities of governance for public entities. However, all HCH grantees must demonstrate significant involvement of consumers in program design and service delivery. Health centers provide enabling services, such as outreach, to ensure that people who are experiencing homelessness can access their services.

Grants for the Benefit of Homeless Individuals (Targeted)

The Grants for the Benefit of Homeless Individuals (GBHI) program administered by the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) enables communities to expand and strengthen their treatment services for individuals who experience homelessness with substance use or mental disorders, or co-occurring substance use and mental disorders. Within the GBHI portfolio, there are three types of grants: GBHI-General, GBHI-Services in Supportive Housing (SSH) and Cooperative Agreements to Benefit Homeless Individuals (CABHI). The purpose of the GBHI-General grants is to expand and

¹Figure excludes \$160 million in Recovery Act funds.

strengthen treatment services for persons who experience homelessness (including those who are chronically homeless), who also have substance use or mental disorders, or co-occurring substance use and mental disorders. The purpose of the GBHI-SSH grants is to expand and strengthen behavioral health treatment services for persons who experience chronic homelessness, who also have substance use or mental disorders, or co-occurring substance use and mental disorders. This program seeks to coordinate permanent housing with treatment services for alcohol, drug use, and co-occurring mental disorders. In FY 2014, the GBHI-SSH program expanded its focus to serve veterans who experience homelessness or chronic homelessness. In 2014, there were 19 GBHI-General grants funded for a total of \$5,553,416 and 34 GBHI-SSH grants funded for a total of \$10,257,266.

The Cooperative Agreements to Benefit Homeless Individuals (CABHI) was initiated in FY 2011 and is jointly funded by CSAT and the Center for Mental Health Services (CMHS). The purpose of CABHI is to support the development and/or expansion of local implementation and community infrastructures that integrate treatment and services for mental and substance use disorders, permanent housing, and other critical services for individuals who are chronically homeless.

The primary activities of CABHI are: 1) behavioral health, housing support, and other recovery-oriented services not covered under a state's Medicaid plan; 2) coordination of housing and services for people experiencing chronic homelessness and families at the state and local level which support the implementation and/or enhance the long-term sustainability of integrated community systems that provide permanent housing and supportive services; and 3) efforts to engage and enroll eligible persons who are chronically homeless in Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP). In 2014, there were eight CABHI grants.

Number of People Experiencing Homelessness Assisted

Since the inception of the GBHI programs, approximately 63,241 persons have received grant-supported services. In FY 2014, 2,064 clients were served; 62% of persons served were male. In terms of race/ethnicity, 34% were Black/African American, 40% White, and 3% American Indian/Alaska Native. The remaining 19% identified as another race/ethnicity including 14% identifying as Hispanic, and others as Asian and Pacific Islander. Over 49% of people were between ages 35 and 55 years.

Planned Evaluations or Other Studies or Reports of the Program's Administration, Performance or Impact:

SAMHSA obtains data from grantees in the form of progress reports that include quantitative and descriptive information including: organization, management and project plan activities, and Government Performance and Results Act (GPRA) data. Data include percent of service recipients who: (1) have no past-month substance use; (2) have no, or reduced, alcohol or illegal drug consequences; (3) are permanently housed in the community; (4) are employed; (5) have no, or reduced, involvement with the criminal justice system; and (6) have good or improved health and mental health status.

In FY 2014, the intake rate for the GBHI programs was approximately 85%. The six-month follow-up goal was 80% and the program achieved 84%. At the six-month follow-up, the number of clients that had been employed/engaged in productive activities had increased by 63% from intake, the number of clients having a permanent place to live increased by a rate of 213%, and abstinence from substance use increased by 18%. The grantees complied with GPRA requirements and continued to enter data at baseline and at six-month follow up. In addition, progress reports were submitted on time.

Funding History (FY)

2014: \$22.3 million (includes \$5.6 million for GBHI-General and \$12.7 million for GBHI-SSH from CSAT and \$4.0 million for CABHI from CMHS)

2013: \$31.4 million (includes \$11.3 million for GBHI-General, \$5.6 million for GBHI-SSH, and \$9.9 million for CABHI from CSAT and \$4.6 million for CABHI from CMHS)

- 2012: \$40.4 million (includes \$16.4 million for GBHI-General, \$9.4 million for GBHI-SSH, and \$9.8 million for CABHI from CSAT and \$4.8 million for CABHI from CMHS)
- 2011: \$36.8 million (includes \$16.7 million for GBHI-General, \$9.4 million for GBHI-SSH, and \$9.9 million for CABHI from CSAT and \$805,000 for CABHI from CMHS)
- 2010: \$32.1 million (includes \$22.3 million for GBHI-General and \$9.8 million for GBHI-SSH from CSAT)
- 2009: \$35.7 million (includes \$28.3 million for GBHI-General [\$25.9 from CSAT and \$2.4 from CMHS] and \$7.4 million for GBHI-SSH from CSAT)

Barriers to Access

GBHI responds to the circumstances of homelessness through evidence-based practices such as intensive case management, assertive community treatment, motivational interviewing, illness management recovery, delivering services in locations accessible to people experiencing homelessness, and offering hours of service to accommodate the complexities of the lives of people experiencing homelessness. Services for mental health disorders, substance use disorders, and co-occurring mental and substance use disorders are provided regardless of an individual's ability to pay for services. Assistance in applying for Medicaid is provided to program participants as well.

The GBHI programs include culturally competent care and provides translators for non-English speakers. Providers and other staff receive training on evidence-based practices as well as trauma-informed services. Special populations and unique needs of participants are addressed through a range of technical assistance resources and ongoing training (e.g. on-site, e-learning, webinars, and annual virtual workshops) to ensure that administrative approaches and clinical accommodations necessary to meet the needs of people experiencing homelessness occur.

Services are provided in a manner that best suits the unique needs and challenges associated with being an individual or family experiencing homelessness. Service settings range from centralized locations to decentralized locations with transportation supports, to services in shelters and wherever individuals experiencing homelessness are found. Case management and other intensive individual support services are provided to assist participants and ensure a seamless system of care.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

Elemental to the GBHI programs are recovery support services, which are provided by paid staff or volunteers familiar with how their communities can support people seeking to achieve recovery. Many times such peer-to-peer models include those who have life experience with homelessness. Programs, therefore, have significant involvement of individuals with lived experience —program executives, case workers, and project directors—who shape program design and implementation. Some programs have consumer advisory boards and other similar panels that inform the overall project.

Cooperative Agreements to Benefit Homeless Individuals for States (Targeted) (CSAT and CMHS)

In 2013, SAMHSA initiated the Cooperative Agreements to Benefit Homeless Individuals (CABHI) States program, jointly funded by CSAT and CMHS. The major goal of the CABHI-States program is to ensure, through state and local planning and service delivery, that the most vulnerable individuals who experience chronic homelessness receive access to sustainable permanent housing, treatment, recovery supports, and Medicaid and other mainstream benefits, if they qualify. CSAT funds support three primary types of activities: 1) Enhancement or development of a statewide plan to ensure sustained partnerships across public health and housing systems that will result in short- and long-term strategies to support individuals who experience chronic homelessness and who require treatment for substance use disorders or co-occurring substance use and mental illness; 2) Delivery of behavioral health, housing support, peer, and other recovery-oriented services not covered under a state's Medicaid plan; and 3)

Assisting the state Medicaid eligibility agency in developing a streamlined application process for individuals who experience chronic homelessness and assist providers (e.g., alcohol and drug treatment facilities, homeless service providers) seeking to become qualified Medicaid providers; engage and enroll eligible persons who experience chronic homelessness in Medicaid and other mainstream benefit programs (e.g., SSI/SSDI, TANF, SNAP). CMHS funds support a fourth primary activity for peer navigator(s) to assist individuals who have co-occurring substance use disorders with serious mental illness identify and access housing, recovery support services, social mainstream benefits, and personal network development. In FY 2014, the CABHI-States program was expanded to serve veterans who experience homelessness or chronic homelessness. In 2014 there were 18 CABHI-States grants.

Number of People Experiencing Homelessness Assisted

Since the inception of the CABHI-States program, approximately 686 persons have received grant-supported services. In FY 2014, 600 clients were served; 63% of persons served were male. In terms of race/ethnicity, 34% were Black/African American, 44% White, and 3% American Indian/Alaska Native. The remaining 19% identified as another race/ethnicity including 6% identifying as Hispanic, and 11% reporting none of the above. The majority of people were between ages 45 and 64 years.

Planned Evaluations or Other Studies or Reports of the Program's Administration, Performance or Impact:

SAMHSA obtains data from grantees in the form of progress reports that include quantitative and descriptive information including: organization, management and project plan activities, and Government Performance and Results Act (GPRA) data. Data include percent of service recipients who: (1) have no past-month substance use; (2) have no, or reduced, alcohol or illegal drug consequences; (3) are permanently housed in the community; (4) are employed; (5) have no, or reduced, involvement with the criminal justice system; and (6) have good or improved health and mental health status.

In FY 2014, the intake rate for this program was approximately 75%. The six-month follow-up goal was 80% and the program did not achieve 80% (76%). At the six-month follow-up, the number of clients that had been employed/engaged in productive activities had increased by 35% from intake, the number of clients having a permanent place to live increased by a rate of 300%, and abstinence from substance use increased by 2%. The grantees complied with GPRA requirements and continued to enter data at baseline and at six-month follow up. In addition, progress reports were submitted on time.

Funding History (FY)

2014: \$34.78 million (includes \$18,233,759.23 million from CSAT and includes \$16.55 million from CMHS)

2013: \$7.71 million (includes \$7.16 million from CSAT and \$550,000 from CMHS)

Barriers to Access

The CABHI-States program responds to the circumstances of chronic homelessness through state-wide planning, outreach, and delivery of services that are evidence-based and in locations accessible to people experiencing chronic homelessness. Services for mental health disorders, substance use disorders, and co-occurring mental and substance use disorders are provided regardless of an individual's ability to pay for services. Assistance in applying for Medicaid is provided to program participants as well.

Behavioral health services are provided in a manner that best suits the unique needs and challenges associated with being an individual or family experiencing chronic homelessness. Service settings range from centralized locations to decentralized locations with transportation supports, to services in shelters and wherever individuals experiencing homelessness are found. Case management and other intensive individual support services are provided to assist participants and ensure a seamless system of care.

The CABHI-States program includes culturally competent care and provides translators for non-English speakers. Special populations and unique needs of participants are addressed through a range of technical assistance re-

sources and ongoing training (e.g. on-site, e-learning, webinars, and annual technical training conferences) to ensure that administrative approaches and clinical accommodations necessary to meet the needs of people experiencing chronic homelessness occur.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

Elemental to the CABHI-States program are recovery support services, which are provided by paid staff or volunteers familiar with how their communities can support people seeking to achieve recovery. Grantees, therefore, have significant involvement of individuals with lived experience — program executives, case workers, and peer navigators—who shape program design and implementation. In addition, all grantees are required to establish a State Interagency Council on Homelessness (to meet the goals of the grant project) that includes a representative who is homeless or has experienced homelessness and is recovering from a substance use disorder or co-occurring mental and substance use disorder.

Services in Supportive Housing Grants (Targeted) (CMHS)

The Services in Supportive Housing (SSH) program, administered by SAMHSA's CMHS, was created to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness living with a severe mental and/or substance use disorder. The SSH program addresses the need for treatment and support service provision to individuals and families. The SSH program focuses its attention on the provision of services in a participant's housing facility (as opposed to within various community-level settings). In this regard, special attention is paid to the type, quantity, and quality of services provided that seek to enhance the level of functioning and extended housing stability of program participants. To ensure the provision of supportive services that have been shown to be effective, SSH grantees are required to implement evidence-based practices. SSH grantees are also required to have the permanent housing components in place and funded by other resources (HUD or comparable funding source). Permanent supportive housing models for SSH participants include scattered-site and congregate-site housing.

Services supported under the SSH funding include, but are not limited to, outreach and engagement, intensive case management, mental health and substance use disorder treatment, and assistance in obtaining benefits.

Grantees are awarded up to \$400,000 per year for up to five years. No more than 15% of the total award may be used for developing the infrastructure necessary for expansion of services. No more than 20% of the total grant award may be used for data collection and performance assessment, including incentives for participating in required data collection follow-up. FY 2014 represented the final funding year for the CMHS SSH program, with CMHS funding shifting to support the jointly funded CMHS and CSAT CABHI and CABHI-States programs.

The SSH program uses performance data obtained via site visits, biannual and/or annual reports, as well as process and outcome evaluation data collected by each SSH grantee to inform program development and improve performance.

Number of People Experiencing Homelessness Assisted

A demographic profile of the SSH program revealed 1,555 individuals served were male and 1,278 individuals served were female; 44% of the population served was Black/African American, 35% White, 12% Hispanic, and others identifying as Asian and Pacific Islander. The majority of people were between 45 and 54 years of age.

Planned Evaluations or Other Studies or Reports of the Program's Administration, Performance or Impact

Progress towards program goals is demonstrated using the SAMHSA national outcome measures which are collected at three points: baseline, six months, and at discharge. The program measures, reported by grantees via the Transformation Accountability web-based system, are as follows: mental illness symptoms; employment/educa-

tion; crime and criminal justice; stability in housing; social support/social connectedness; access; number of persons served by age, gender, race, and ethnicity; and rate or readmission to psychiatric hospitals.

In FY 2014, the National Outcome Measures (NOMs) for this program reflects 1,965 consumers functioning in everyday life; a percentage change of 56.6%, and 1,782 consumers not experiencing serious psychological distress. The number of clients having a permanent place to live is 1,960; a 32.7% change.

Funding History (FY)

2014: \$1.9 million
2013: \$17.9 million
2012: \$19.5 million
2011: \$23.3 million
2010: \$23.7 million
2009: \$21.8 million

Barriers to Access

SSH responds to the circumstances of homelessness through a model of permanent supportive housing based on the philosophy that people with psychiatric disabilities and substance use disorders can live in their own housing with the same rights and responsibilities as anyone else, regardless of their support needs. Core characteristics of permanent supportive housing include choice of housing, housing integration (i.e., participants live among individuals who do not have severe mental health and substance-use disorders), functional separation of housing and services, decent and safe affordable housing, access to housing, and flexible, voluntary, and recovery-focused services. Participants obtain intensive case management to support housing placement and access to support services if needed. This model reduces any barriers to housing by provision of a permanent place to live as a primary vehicle that supports recovery from mental health disorders, substance use disorders, and co-occurring mental health and substance use disorders. As the motivation for services and recovery increases among tenants, services are available and are provided regardless of an individual's ability to pay for services. Assistance in applying for Medicaid is provided to program participants as well.

The SSH program includes culturally competent care with translators for non-English speakers. Providers of supportive services and other staff receive training on evidence-based practices, especially motivational interviewing as well as trauma-informed services, for example. Special populations and unique needs of participants are addressed through a range of technical assistance resources and ongoing training (e.g., on-site, e-learning, webinars, annual technical training conferences) to ensure that administrative approaches and clinical accommodations necessary to meet the needs of people experiencing homelessness occur.

Services are provided in a manner that best suits the unique needs and challenges associated with being a person or family experiencing homelessness. Service settings range from centralized locations to decentralized locations with transportation supports. Case management and other intensive individual support services are provided to assist participants and ensure a seamless recovery oriented system of care.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

Elemental to the SSH program are the requirements of the grantees to provide a permanent place to live for the participants as well as support services. These include peer-to-peer services provided by paid staff or volunteers indigenous to the communities and familiar with how their particular communities can support people seeking to achieve or maintain recovery from mental health and/or substance use disorders. Many times such peer-to-peer

models include those who have lived experience with homelessness and with mental health and substance use disorders. Programs therefore have significant involvement of individuals with lived experience who are program executives, case workers, and project directors who shape program design and implementation. Some programs have consumer advisory boards, or at a minimum, stakeholder participation on advisory boards, and other similar panels that inform the overall project.

Projects for Assistance in Transition from Homelessness (Targeted)

Projects for Assistance in Transition from Homelessness (PATH) is a formula grant program administered by SAMHSA to provide financial assistance to states to support services for individuals experiencing homelessness or at risk of homelessness and who have serious mental illnesses and co-occurring substance use disorders.

Eligible programs and activities include: (1) outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case-management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) a prescribed set of housing services.

The formula allocates funds on the basis of the population living in urbanized areas of the state, compared to the population living in urbanized areas of the entire United States, except that no state receives less than \$300,000 (\$50,000 for territories). States must agree to make available non-federal contributions equal to or not less than \$1 (in cash or in kind) for each \$3 of federal funds provided in such grant. Territories have no matching requirements. Not more than 20% of the payment may be expended for eligible housing services.

Select directors of state PATH programs serve on the PATH Administrative Workgroup. The group's mission is to address issues related to the implementation of the PATH program and to provide input and feedback to SAMHSA to help inform national policy decisions. Select directors of state PATH programs have also served on a Data Advisory Committee to inform the development of new PATH annual reports and definitions for PATH terms.

The PATH program is a wide network of state and local agencies that contribute to comprehensive community-based services for people who are homeless or at risk of homelessness with serious mental illnesses. Approximately 500 local PATH provider organizations engage community mental health centers and other mental health providers, community-based social service agencies, health care providers, substance use service providers, and housing programs in activities and services that include:

- Local and regional planning efforts to end homelessness;
- Collaboration with homeless service providers in the local CoCs (the homeless assistance planning networks at HUD);
- Work on local 10-Year Plans to End Homelessness and other planning efforts to ensure that services are coordinated and available to people experiencing homelessness;
- Partnering with Housing First and permanent supporting housing programs;
- Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery;
- Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR);
- Employing consumers or supporting consumer-run programs;
- Partnering with medical providers, including Health Care for the Homeless and Community Health Centers to integrate mental health and medical services;
- Improving access to employment; and
- Using technology such as mobile phones/smartphone apps, electronic health records, and Homeless Information Management Systems (HMIS).

Number of People Experiencing Homelessness Assisted

FY 2014 allocations provided PATH outreach services to 185,524 individuals. Of those 185,524 individuals, 80,411 were enrolled in PATH services. A total of 98,210 individuals were enrolled in PATH in FY 2014 including as a result of these outreach services as well as from other efforts. 52% of enrolled individuals had a co-occurring substance use disorder in addition to a serious mental illness, and 61% of enrolled individuals were living on the street or in emergency shelters.

FY 2013 allocations provided PATH outreach services to 192,017 individuals. Of those 192,017 individuals, 82,160 were enrolled in PATH services. A total of 99,881 individuals were enrolled in PATH in FY 2013. Persons served were among the most severely disabled. 54% of enrolled individuals had a co-occurring substance use disorder in addition to a serious mental illness, and 65% of enrolled individuals were living on the street or in emergency shelters.

Planned Evaluations or Other Studies or Reports of the Program's Administration, Performance or Impact

SAMHSA regularly assesses the PATH program to ensure that expenditures are consistent with the legislative provisions and that changes needed in program design or operations are developed. The next evaluation will be completed by September, 2015. The program also obtains annual data from states indicating the number of persons outreached and enrolled in PATH, services and referrals provided to enrolled PATH clients, and the demographics of PATH clients.

Funding History (FY)

2014: \$64.6 million

2013: \$61.4 million

2012: \$64.8 million

2011: \$64.9 million

2010: \$65.1 million

2009: \$59.7 million

Barriers to Access

Most local providers use PATH funds to contact people experiencing homelessness, engage them, and link them to housing and mainstream services supported by other funding streams. Therefore, their success is limited by the availability of housing and other mainstream resources and services.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

States and local agencies are encouraged to use PATH funds to provide outreach to people experiencing homelessness with serious mental illnesses and co-occurring substance use disorders. Technical assistance is provided to states and local providers to increase their ability to obtain mainstream resources, particularly housing, community mental health services, substance use services, and social security benefits. Examples of collaborative efforts with other federal agencies to expand access include an inter-agency effort with HUD and VA to address chronic homelessness and collaboration with the Social Security Administration's Office of Disability and Income Security Programs (as of this publication, renamed the Office of Retirement and Disability Policy) to address impediments for eligibility of people experiencing homelessness with serious mental illnesses for income benefits.

Runaway and Homeless Youth Act (Targeted)

The Runaway and Homeless Youth Program, administered by the Family and Youth Services Bureau (FYSB) within the Administration on Children, Youth and Families (ACYF), Administration for Children and Families (ACF), awards over 600 grants to more than 300 public, community, and faith-based organizations through three grant programs that provide a range of services to address the needs of young people at risk of or experiencing homelessness. 90% of grant dollars awarded are used for preventive activities and/or housing to serve youth who are at risk of experiencing homelessness or are already in a homeless situation; 10% of funds are used in support of service providers.

Any public or non-profit entity or combinations of such entities are eligible to apply for the Basic Center, Transitional Living Program and Street Outreach Program. Indian tribes are eligible, whether federally recognized or not.

Funding proposals for Runaway and Homeless Youth programs are peer reviewed and priority is given to entities that demonstrate prior experience serving runaway, homeless, and street youth.

- **Basic Center Program:** The Basic Center Program (BCP) works to establish or strengthen locally controlled, community, faith-based, and tribal programs that address the immediate needs of runaway youth and youth experiencing homelessness and their families.

Basic Centers provide youth under age 18 with temporary emergency shelter, food, clothing, and referrals for health care. Other types of assistance provided to youth and their families may include individual, group and family counseling, recreation programs, and aftercare services for youth once they leave the shelter. Grants can also be used to support outreach activities targeting youth who may need emergency housing assistance.

Basic Centers seek to help youth avert crisis and reunite young people with their families when possible, or to locate appropriate alternative placements.

- **Transitional Living Program:** The Transitional Living Program, which includes the Maternity Group Homes for Pregnant and Parenting Youth Program, provides longer-term residential services to homeless youth between the ages of 16 and 22. Services are provided for up to 540 days, or in exceptional circumstances, up to 635 days. Youth younger than 18 who pass the 635-day mark may stay in the program until their 18th birthday. Youth are provided with stable, safe living accommodations and services that help them develop the skills necessary to move to independence. Living accommodations may be host family homes, group homes, maternity group homes, or supervised apartments.

Skills training and support services provided include basic life-skills and interpersonal skill-building, educational opportunities (vocational and GED preparation), job placement, career counseling, and mental health, substance use, and physical health care services. In maternity group homes, young people learn parenting skills, child development, family budgeting, health and nutrition, and other skills to promote their long-term economic independence and ensure the well-being of their children.

- **Street Outreach Program:** The Street Outreach Program provides educational and prevention services to runaway, street and youth experiencing homelessness who have been subject to, or are at risk of, sexual exploitation or abuse.

The program works to establish and build relationships between street youth and program outreach staff in order to help youth leave the streets. Support services that will assist the youth in moving and adjusting to a safe and appropriate alternative living arrangement include: substance use disorder and alcohol dependency treatment, counseling, information and referral services, individual assessment, crisis intervention, and follow-up support.

Street outreach programs must have access to local emergency shelter space that is an appropriate placement for young people and that can be made available for youth willing to come in off the streets.

- **National Runaway Safeline:** The National Runaway Safeline conducts vigorous outreach and information dissemination. Its purpose is to connect runaways or potential runaways with shelter or family reunification services through a national 24 hour, seven days a week hotline.

Number of People Experiencing Homelessness Assisted

In FY 2014, the number of youth sheltered in the Basic Center and Transitional Living Program was close to 31,000. Through the Street Outreach Program, the RHY program service providers made 461,524 contacts with street youth and/or youth experiencing homelessness.

Funding History (FY)

2014: \$114,119,424

2013: \$107.9 million

2012: \$115.3 million

2011: \$115.2 million

2010: \$115.7 million

2009: \$114.9 million

Planned Evaluations or Other Studies or Reports of the Program's Administration, Performance or Impact

In September 2012, ACF, initiated an evaluation of the Transitional Living Program (TLP). This impact and implementation study is expected to measure long term outcomes for youth at baseline, 3 months, and 12 months after entering a FYSB funded TLP. The goal of the evaluation is to determine which TLP housing services and program models are more effective in preventing homelessness and improving the long-term social and emotional well-being for youth experiencing homelessness. Findings from the study will be used to inform federal policy and program design. It is anticipated that the study will conclude in FY 2018.

Barriers to Access

The exact number of youth without a parent or guardian experiencing homelessness is not known and varies widely depending on definitions of homelessness. For instance,

- Approximately 45,000 unaccompanied youth under age 25 were living on the streets, in shelter, or in transitional housing on a given night in 2014, according to HUD's Point-in-Time (PIT) count. The majority of youth captured in the HUD PIT count are over 18.
- More than 90,000 unaccompanied youth enrolled in public school districts were identified as homeless at some point over the course of the 2013-2014 school year, according to ED data. They include, among others, youth who are doubled-up or "couch surfing." The majority of youth captured in the ED data are under 18.

USICH has [released a framework](#) for how to address this gap in knowledge. A major contributing factor to what typically leads to homelessness in young people is family conflict such as being asked to leave home or abuse as well as involvement with public systems, such as criminal justice and child welfare.

A major impediment to serving this population is that nationally, most shelters are geared towards adults. However, through the Runaway and Homeless Youth Act (RHY) programs funded by ACF, approximately 371 BCPs administered primarily by community-based organizations work to overcome these impediments by re-connecting youth experiencing homelessness with their immediate family, relatives, or find a safe alternative, when appropriate. ACF grantees are often engaged in early intervention in precarious family situations and provide after-care

support for those vulnerable young adults exiting RHY programs. For instance, around 70% of youth under age 18 who entered an HHS funded emergency shelter left the shelter to go to a parent or guardian in FY 2014.

NRS Federal Surplus Real Property (known as Federal Real Property Assistance Program) (Targeted)

The Title V of the McKinney-Vento Homeless Assistance Act (Title V) program administered by the Program Support Center (PSC) has no appropriation. PSC has permanent authority as a component of the HHS Services and Supply Fund, under 42 U.S.C. § 231, to be reimbursed for services performed. In FY 2014, PSC's approved budget for the Real Property program was \$671,673.

HHS may transfer federal surplus real properties that have been determined suitable and available for use by homeless assistance providers. HUD determines the suitability of the property and publishes a listing in the *Federal Register* advising potential applicants to provide expressions of interest to HHS' Real Property Management Services Program Support Center.

The purpose of the program is to provide federal surplus real property, including land and buildings, to organizations that serve the needs of populations facing homelessness. Eligible applicants are states and their political subdivisions and instrumentalities, and 501(c)(3) nonprofit organizations, which provide a broad array of services to people experiencing homelessness. Eligible activities include emergency and transitional housing and related services; permanent supportive housing; substance use and mental health programs for individuals experiencing homelessness; ex-offenders experiencing homelessness aftercare programs, and miscellaneous other supportive homeless services. Currently, there are 81 active properties on which numerous services are provided to homeless individuals and/or families.

Since FY 1988, HHS has transferred nearly 884 acres of land and over 667 buildings for use by homeless service providers. There are currently over 526 acres of land and more than 470 buildings, all operated by eligible homeless institutions. Faith-based homeless assistance providers currently occupy approximately 20 of the Title V properties transferred.

Number of Homeless Persons Assisted

A rough estimate of the number of individuals experiencing homelessness served in calendar year 2013 in facilities transferred pursuant to the Title V program is 42,500.

Barriers to Access

Communities have long since been interested in utilizing federal surplus real property to develop permanent housing. Recognizing this, the Department includes permanent supportive housing as an allowable use of surplus real property to assist persons experiencing homelessness.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

In past years, PSC participated in workshops conducted by the General Services Administration and/or Department of Defense agencies to make homeless assistance providers aware of our program. After 1994, the opportunities for PSC to participate in workshops have been infrequent.

In addition, PSC continues to provide information to members of the general public who contact their office, referring them to the other federal, state and local agencies that may provide the services they require. The public inquiry may be by telephone or written communication, including email. All incoming inquiries are logged and assigned to a realty specialist for response. The response includes a standard information letter providing the PSC website address for the Title V program; contact information for HUD; contact and website information for USICH;

HHS regulation, 45 C.F.R., Part 12a; and contact information for other homeless assistance programs, as appropriate. The aforementioned pamphlet may also be obtained from Real Estate Management Services at 5600 Fishers Lane, Suite 7W01, Rockville, Maryland 20857. PSC also advises interested parties that the *Federal Register* may be viewed at public libraries and provides the Government Printing Office Internet address for its access. Child care, after-school programs, and other educational programs targeted to children and youth experiencing homelessness continue to be eligible uses of surplus federal real property.

PSC continues to improve its website and outreach program to increase awareness of the Title V program and make program related information readily accessible.

HHS Mainstream Programs

HHS identifies non-targeted, or mainstream, programs as relevant to serving eligible people experiencing homelessness. Mainstream programs are designed to serve those who meet a set of eligibility criteria that is often established by the states, but generally address provision of services to low-income populations. Very often, persons experiencing homelessness may be eligible for services funded through these programs. Brief descriptions of the non-targeted programs will include information and data if the program implementation serves the need of the nation's population facing homelessness.

Medicaid (Mainstream)

Medicaid is a means-tested health care entitlement program financed by states and the federal government that provides health care coverage to low-income families with dependent children; pregnant women; children; and aged, blind and disabled individuals. Beginning in January 2014, the Affordable Care Act provides the states the authority under their state plan to expand Medicaid eligibility to almost all individuals under age 65 who are living in families with income below 138% of the federal poverty level (FPL) (and who are citizens or eligible legal residents), with the federal government paying 100% of the costs for newly eligible adults. States have considerable flexibility in structuring their Medicaid programs within broad federal guidelines governing eligibility, provider payment levels, and benefits. As a result, Medicaid programs vary widely from state to state. Medicaid covers a broad range of services to meet the health needs of eligible beneficiaries. Federally-mandated services that states must include in their state plans pursuant to section 1905(a) of the Social Security Act include hospital inpatient and outpatient services, comprehensive health screening, diagnostic and treatment services to children; home health services including intermittent nursing services and home health aide services; laboratory and x-ray services; physician services; nursing facility services; federally qualified health centers; and rural health clinics. Commonly offered optional services include rehabilitative services; clinic services; personal care services; prescription drugs; dental services and dentures; eyeglasses; prosthetic devices; and hearing aids. In addition, states may elect to offer an array of home and community-based services to individuals with disabilities, individuals who are aging, or individuals with chronic conditions in certain programs such as the section 1915(c) home and community-based waiver program, the section 1915(i) home and community-based state plan option, or a section 1945 health home program.

Number of Medicaid Beneficiaries

In FY 2013, Medicaid is estimated to have provided coverage to an average of 59.1 million individuals, including 28.3 million children. According to the Actuarial Report on the Financial Outlook for Medicaid, the average Medicaid enrollment is estimated to have increased 9.6% to 64.6 million people in 2014. Newly eligible adults are estimated to have accounted for 4.3 million of the 5.7-million enrollee increase from 2013 to 2014. The total federal spending for Medicaid medical assistance payments and administration in FY 2013 is estimated to be \$262.2 billion. These are estimates for all Medicaid expenditures and not specific to services provided to eligible people experiencing homelessness.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

The Affordable Care Act (ACA) (P.L. 111-148 and P.L. 111-152) ushers in major improvements in health care coverage, cost, and quality for all Americans, and Medicaid is the mechanism by which affordable coverage can be guaranteed to the lowest income Americans. Beginning in 2014, states can elect to expand Medicaid to non-elderly adults, regardless of disability or parental status, and children with family incomes at or below 133% of poverty, with the federal government picking up most of the new coverage costs. The Medicaid expansion benefit package will explicitly cover essential categories of benefits, including mental health, and substance use disorder treatment services, and preventive services.

In addition to coverage expansions, the ACA makes substantive changes that will help Medicaid enrollees, including individuals experiencing chronic homelessness, gain improved access to coordinated home and community-based services and supports. A new Medicaid Health Homes State Plan option will improve coordination of health and social services for individuals with complex conditions, including severe and persistent mental illnesses. Through the section 1915(i) home and community-based state plan option, the ACA also opens up additional opportunities for supported employment and psychosocial rehabilitative services for people with severe and persistent mental illness.

Children's Health Insurance Program (Mainstream)

The Children's Health Insurance Program (CHIP) is a partnership between the federal and state governments that provides health insurance coverage to targeted low-income children whose families earn too much to qualify for Medicaid and cannot afford private health coverage. The federal government establishes regulations for the administration of the program. However, states have some flexibility in establishing specific eligibility levels to receive CHIP benefits, as well as the type and scope of services provided. Eligibility and coverage vary by state and, even within a state, there may be multiple service delivery systems (e.g. fee-for-service, managed care).

CHIP requires states to ensure that covered services are available to all individuals who are enrolled in the program, including those that are homeless, without discrimination. States may implement outreach or health services initiatives specifically designed to reach different targeted subpopulations, such as children experiencing homelessness.

States administering CHIP are not required to report to the Centers for Medicare and Medicaid Services (CMS) on the homelessness or housing status of persons who receive health care supported with CHIP funding. Therefore, CHIP data systems are not designed to estimate expenditures on services provided to eligible people experiencing homelessness.

CMS has implemented partnerships with other federal agencies, states, providers, community groups, and faith-based organizations to improve eligible beneficiaries' access to CHIP services. Activities involve technical assistance, tool development, and education to states and providers:

- **Policy Guidance:** CMS has issued letters to state health officials regarding enrollment and eligibility simplification, out-stationing eligibility workers, re-determination procedures, continuance-of-care, and administrative flexibilities, all aimed at increasing access for beneficiaries, including eligible people experiencing homelessness.
- **Prevention:** CHIP can assist in the reduction of future episodes of homelessness by ensuring that CHIP beneficiaries have timely access to covered, preventive, and curative health care services and thus reducing the economic impact of health conditions on family income.

Health Centers, excluding Health Care for the Homeless (Mainstream)

Through HRSA, health centers provide health services to underserved populations in their service area, regardless of ability to pay. This includes people who face barriers in accessing health care because they have difficulty paying for services, have language or cultural differences, or who live in communities where there is an insufficient number of health professionals/resources available.

Health centers provide preventive and primary health care services. Health centers also provide “enabling” services such as case management, outreach, transportation, and interpretive services that help ensure access to primary care. Fees are discounted or adjusted based upon the patient’s income and family size from current federal poverty guidelines. All grantees must demonstrate that all persons will have access to the full range of required primary, preventive, enabling, and supplemental health services, either directly on-site or through established arrangements. Under Medicaid, health centers that meet the federal requirements to furnish primary and preventive services are called federally qualified health centers (FQHC) and are a mandatory Medicaid state plan benefit. FQHCs furnish services provided by a physician, nurse practitioner, physician assistant, nurse-midwife, clinical psychologist, clinical social worker and visiting nurse (in areas with a shortage of home health agencies.) They also furnish “other ambulatory services” that are covered in the Medicaid state plan.

Number of People Experiencing Homelessness Assisted

Health centers serve individuals experiencing homelessness as appropriate; therefore, health centers located in communities that do not have HCH programs may serve persons who are homeless. In calendar year 2014, the mainstream health center program reported serving 318,254 individuals experiencing homelessness. In calendar year 2013, the mainstream health center program reported serving 299,213. In calendar years 2012 and 2013, the mainstream health center program reported serving 297,034 and 255,879 patients experiencing homelessness, respectively.

Title V Maternal and Child Health Services Block Grant (Mainstream)

Unique in its design and scope, HRSA’s Maternal and Child Health Block Grant (MCHBG) is the only federal program that focuses solely on improving the health of all mothers, adolescents, children (including children and youth with special health care needs), and families, whether insured or not and regardless of income level. The program is administered through well-established federal/state partnerships, with states having broad discretion in implementing programs that meet their specific, priority needs for maternal and child health (MCH). Most of the MCHBG funds are allocated to the states through formula-based block grants. The block grant program provides support to all 59 states and jurisdictions.

The MCHBG program (sometimes called Title V as it is Title V of the Social Security Act) plays an important role in the delivery of appropriate and effective care for all MCH populations. Title V programs work towards the elimination of health disparities in health outcomes through the removal of economic, social, and cultural barriers to receiving comprehensive, timely, and appropriate health care. Special efforts are made to build community capacity to deliver such enabling services as care coordination, transportation, home visiting, and nutrition counseling.

Title V has three components: formula block grants to 59 states and jurisdictions, grants for special projects of regional and national significance (SPRANS), and Community Integrated Service Systems (CISS) grants. The Block Grant portion operates through a partnership with state MCH and Children with Special Health Care Needs programs. In supporting infrastructure building, population-based and enabling services, along with gap-filling direct services, Title V provides a flexible source of funding which states can tailor to address their unique MCH population needs. In recent years, state Title V programs have increasingly been shifting from a direct services delivery orientation to the provision of more preventive and population-based services. As a block grant, Title V does not collect financial data on how many of its program dollars support mothers and children experiencing homelessness, nor does it collect program data that indicates how many mothers and children experiencing homelessness are served by Title V. Women and children experiencing homelessness may have difficulty obtaining health care

services for a variety of reasons. State and local MCH agencies engage in numerous outreach efforts to bring high-risk women and children into care.

Healthy Start (Mainstream)

The Healthy Start (HS) program aims to reduce disparities in infant mortality and adverse perinatal outcomes by: 1) improving women's health, 2) promoting quality services, 3) strengthening family resilience, 4) achieving collective impact, and 5) increasing accountability through quality improvement, performance monitoring, and evaluation. HS grants are provided to communities with rates of infant mortality at least 1½ times the U.S. national average and high rates for other adverse perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality) in order to address the needs of high-risk women and their families before, during, and after pregnancy. HS works to reduce "the disparity in health status between the general population and individuals who are members of racial or ethnic minority groups." 42 U.S.C. § 254 c-8(e)(2)(B). HS services begin in the prenatal period and follow the woman and child through two years after the end of the pregnancy.

Healthy Start does not collect financial data on how many of its program dollars support mothers and children experiencing homelessness, nor does it collect program data that indicates how many mothers and children experiencing homelessness are served by Healthy Start.

Efforts to Increase Participation in the Program by People Experiencing Homelessness or Organizations Serving People Experiencing Homelessness

Women and children experiencing homelessness may have difficulty obtaining health care services for a variety of reasons. Healthy Start programs engage in numerous outreach efforts to bring high-risk women and children into care. For example, Healthy Start supports outreach workers at WIC centers and health clinics in many project areas. Several projects have identified outreach efforts at homeless shelters and other locations where families experiencing homelessness are found.

The Federal Home Visiting Program (Mainstream)

The Federal Home Visiting Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). States, territories, and tribal entities receive funding through the Federal Home Visiting Program, and have the flexibility to tailor the program to serve the specific needs of their communities. By law, state and territory grantees must spend the majority of their Federal Home Visiting Program grants to implement evidence-based home visiting models, with up to 25% of funding available to implement promising approaches that will undergo rigorous evaluation.

Home Visiting programs partner with homeless shelters, HUD Continuum of Care (CoC) projects, and local homelessness initiatives. These partnerships provide a unique opportunity to support stable housing for the most vulnerable families, while addressing the health and development of mothers and their children. to address the health and development of mothers and their children. In the FY 2016 formula applications 19 states described their partnerships to address homelessness. The most common partners cited included housing authorities, McKinney-Vento homeless education programs, and non-profit organizations that serve homeless families. As of FY 2017, states will begin collecting data on housing status as part of the Federal Home Visiting Performance Measures.

The Federal Home Visiting Program serves many of the most vulnerable families. In FY 2015:

- 77% of participating families had household incomes at or below 100% of the federal poverty guidelines (\$24,250 for a family four), and 46% were at or below 50% of those guidelines.
- 31% of adult program participants had less than a high school education, and 35% had a high school diploma.
- Families served by the Federal Home Visiting Program were at risk for poor family and child outcomes:
 - 22% of newly enrolled households included pregnant teens.
 - 15% of newly enrolled households reported a history of child abuse and maltreatment.
 - 12% of newly enrolled households reported substance abuse.

In addition, 68% of program participants belonged to a racial/ethnic minority.

Funding History (FY)

- \$1.5 billion over 5 years
 - \$100M FY2010
 - \$250M FY2011
 - \$350M FY2012
 - \$400M FY2013
 - \$400M FY2014
- Sustainable Growth Rate (“Doc Fix”)
 - \$400M FY2015
- Medicaid Access and CHIP Reauthorization Act of 2015
 - \$400M FY2016
 - \$400M FY2017

Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP), the largest federal program focused exclusively on domestic HIV care, provides services that are intended to 1) reduce the use of more costly inpatient care, 2) increase access to care for underserved populations, and 3) improve the quality of life for people living with HIV (PLWH). Recent studies have demonstrated that individuals with HIV on antiretroviral medications who achieve viral load suppression are less likely to transmit HIV to others. The RWHAP provides the care and treatment services that support the achievement of viral suppression and therefore, has a significant public health impact on HIV incidence as well. The RWHAP funding pays for primary health care and treatment including referrals to specialty care, and supportive services, and serves as a payer of last resort. RWHAP-funded services ensure that individuals diagnosed with HIV are linked to and retained in care, and get started on and adhere to their medication regimens.

In 2014, the RWHAP served more than half a million (N=512,214) people living with and affected by HIV in the U.S. Approximately three quarters of those served by the RWHAP have some form of health care coverage, and receive services not provided by these other forms of health care coverage; the remainder is uninsured.

In FY 2014 a budget of \$2.3 billion funded programs through states and territories, disproportionately impacted metropolitan areas, community health centers, dental schools, health care programs that target women, infants, youth and families, and AIDS education and training centers. For FY 2015, the Ryan White HIV/AIDS Program appropriation amount was \$2.3 billion.

HRSA has approached the issue of housing and health care access through housing policy development, direct service programs, service demonstrations, as well as in providing technical assistance and training activities for grantees. A housing and homelessness workgroup meets on a regular basis and provides leadership with recommendations and direction around HIV housing and homelessness programming and policy efforts. The HIV/AIDS Bureau Policy Notice (76 FR 27649) establishes guidelines for allowable housing-related expenditures under the Ryan White HIV/AIDS Program. The use of Ryan White funds for housing referral services and short-term or emergency housing needs are to ensure that eligible HIV-infected persons and families gain or maintain access to medical care by addressing transitional housing needs. Specifically, the two types of housing assistance provided through the RWHAP include short-term or emergency assistance for the purposes of moving or maintaining an individual or family in a long-term, stable living situation; and housing referral services, which are defined as providing assessment, search, placement, and advocacy services for individuals and families living with HIV.

A Ryan White HIV/AIDS Program (RWHAP) Special Projects of National Significance (SPNS) initiative entitled ***Building a Medical Home for Multiply-Diagnosed HIV Homeless Populations*** provides funding to organizations to design, implement and evaluate innovative interventions to improve timely entry, engagement and retention in HIV care and supportive services for HIV positive homeless and unstably housed people living with HIV and co-occurring mental illness and substance use disorders. The interventions are expected to implement models of care that build and maintain sustainable linkages to mental health, substance abuse treatment and HIV/AIDS primary care services to HIV positive individuals who are homeless or unstably housed. In addition, organizations are expected to include access to housing resources and services for their target population, through the co-location of services within an HIV primary care clinic, within a public housing facility that serves the target population or through a network of providers.

Substance Abuse Prevention and Treatment Block Grant (Mainstream)

SAMHSA envisions a new generation of the Substance Abuse Prevention and Treatment Block Grant (SABG) that provides states and jurisdictions with the flexibility to design and implement activities and services to address the complex needs of individuals, families, and communities impacted by substance use disorders and associated problems such as homelessness. Hence, the goals of the SABG program support a high quality, self-directed, and satisfying life in the community for everyone in America. This life in the community includes not only a physically and emotionally healthy lifestyle (health); meaningful daily activities such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society (a purpose); relationships and social networks that provide support, friendship, love, and hope (a community), but a stable, safe, and supportive place to live (home).

More specifically, the SABG is a formula block grant to states and jurisdictions to provide substance use treatment and prevention services to individuals in need including vulnerable and underserved populations such as people who are homeless and those at risk of homelessness. The authorizing legislation does not specify homeless services. However, states and jurisdictions are required to submit information consistent with OMB-approved application reporting requirements, namely, the National Outcome Measures (NOMs).

SAMHSA requires the NOMs in the SABG program. The NOMs measure states' and jurisdictions' progress on seven key national outcome domains, including: abstinence from alcohol abuse or drug use; increased or retained employment and school enrollment; decreased involvement with the criminal justice system; increased stability in housing; increased access to services; increased retention in services (substance use); and increased social supports/social connectedness. These seven domains, as well as three outcomes identified by the performance measurement process—client perception of care, cost effectiveness, and use of evidence-based practices—constitute the 10 national outcomes. States and jurisdictions report annually on the percentage of clients in stable housing situations at date of first service and then at date of last service.

In addition to the NOMs, states use other analyses of SAMHSA data to design and implement programs and activities to address homelessness. According to analyses done by SAMHSA on state outcomes, 10% of those admitted to publicly-funded treatment programs are experiencing homelessness at time of admission, and substance abuse can make it very difficult for individuals to maintain housing stability. Furthermore, clients cite the availability of appropriate and affordable housing as the primary barrier to overcoming their homelessness.

This publication is intended for substance use program administrators at the state/jurisdiction and local levels, service providers, and members of the advocacy community concerned with the provision of services to people who are homeless and have substance use disorders. The examples may be adapted by other states, jurisdictions and localities and may prove to be helpful in the impending implementation of the ACA.

To facilitate the transition while fully exercising SAMHSA's existing authority regarding states' and jurisdictions' use of SABG funds, SAMHSA requests states and jurisdictions provide data and information about how they plan to use SABG program funds for prevention, recovery supports and other services that will supplement services covered by Medicaid, Medicare and private insurance. SAMHSA SABG funds are directed toward four purposes:

1. to fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
2. to fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
3. to fund primary prevention –universal-, selective-, and indicated-prevention activities and services for persons not identified as needing treatment; and
4. to collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and to plan the implementation of new services on a nationwide basis.

The data and information related to homelessness provided by states and jurisdictions will assist SAMHSA in developing additional technical assistance and recommendations for the most effective and efficient use of SABG funds to address the same.

Community Mental Health Services Block Grant Program (Mainstream)

SAMHSA's Community Mental Health Services Block Grant program (CMHSBG) is a formula grant to states and territories for providing mental health services to people with serious mental illnesses. The formula for determining the federal allocations of funds to the states is determined by Congress. The funds are intended to support development of a comprehensive community-based mental health care system for adults with serious mental illnesses and children with serious emotional disturbances. In collaboration with the State Mental Health Planning Council, states develop an annual plan for the state's mental health populations. With the integration of substance abuse and mental health, many mental health authorities are transitioning from mental health planning council to behavioral health planning council. Funds are used to carry out the plan, evaluate programs and services carried out under the plan, and for planning, administration and educational activities that relate to providing services under the plan. The state plan submitted by the states/territories must meet five criteria as required by the statute:

- (1) Comprehensive community-based mental health systems wherein the plan provides for an organized community based system of care for individuals with mental illness and describes available services and resources,
- (2) Mental health system data and epidemiology where the plan contains an estimate of the incidence and prevalence in the state of serious mental illness among adults and serious emotional disturbance among children,

(3) Children’s services where the state is required to provide a system of integrated social services, educational services, juvenile services, and substance abuse services, that together with health and mental health services, will be provided in order for such children to receive care appropriate for their multiple needs,

(4) Targeted services to rural and homeless populations includes outreach to and services for individuals who are homeless and to individuals living in rural areas,

(5) Management of systems describes the financial resources, staffing and training for mental health providers necessary to implement the plan and provides for the training of providers of emergency health services regarding mental health.

SAMHSA encourages states and territories to use block grant funds to provide needed services as they determine what is best for their population. One of the specific areas to be addressed in the annual state plan is a description of the services provided to individuals who are homeless. Technical assistance is provided to support the states’ work in this area.

Access to Recovery

SAMHSA’s Access to Recovery (ATR) program was founded on recognition of the many pathways to recovery from addiction. By providing vouchers to people who want and need substance use treatment and recovery services, the grant program promotes individual choice. It further ensures the availability of a full range of service options (including faith-based programs) and expands service capacity by increasing the number and types of providers. This program has great potential to add to the knowledge base for recovery support services. ATR is designed to accomplish three main objectives:

- Expand capacity by increasing the number and types of providers, including faith-based providers, who deliver clinical treatment and/or recovery support services
- Allow recovery to be pursued through many different and personal pathways
- Require grantees to manage performance, based on outcomes that demonstrate patient successes

Temporary Assistance for Needy Families (Mainstream)

ACF’s Temporary Assistance for Needy Families (TANF) program provides block grant funding for states, territories and federally-recognized Indian tribes to use federal TANF funds in any manner that is reasonably calculated to accomplish at least one purpose of the TANF program. While TANF is traditionally thought of as a cash assistance program, states spent only 27% of TANF and state maintenance-of-effort (MOE) funds on basic assistance in FY 2014, and spent the rest of the block grant on a wide range of benefits and services to accomplish one of the program’s purposes. The four purposes of TANF are to:

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- Prevent and reduce the incidence of out-of-wedlock pregnancies; and
- Encourage the formation and maintenance of two-parent families.

While states must meet certain work participation and MOE requirements (i.e., cost sharing requirements), they have considerable flexibility to design and implement programs. Each state, territory, and participating tribe has broad discretion to determine program components, including the type and amount of assistance payments, the range of services to be provided, and the rules for determining who is eligible for benefits. In February 2013, the ACF Office of Family Assistance, which administers the TANF program, released an Information Memorandum (IM)

offering guidance to states, territories, and tribes on such allowable uses of TANF program funds to prevent and address family homelessness. Additionally, the IM highlighted the efforts of several state and community programs that were already making efforts to align their TANF program with comprehensive homelessness services. This IM was developed in collaboration with USICH, HUD, and the HHS Office of the Assistant Secretary for Planning and Evaluation, and with assistance from the National Alliance to End Homelessness.

As described in the IM, TANF agencies can provide a range of benefits to eligible families who are homeless or at risk of becoming homeless. Families experiencing homelessness may qualify for benefits and services more broadly available to low-income families with children; in addition, the state, territory or tribe may have benefits specifically for families that are homeless or at risk of homelessness. Common benefits and services that states may provide to homeless families include the following: cash assistance for temporary shelter arrangements; help to obtain permanent housing; case management services; one-time cash payments; and vouchers for food, clothing and household expenses. For at-risk families, common benefits can include counseling, housing referrals, help for past-due utility bills, and aid for arrearages in rent or mortgage payments.

The flexibility afforded states, territories and tribes in the design of their TANF programs also extends to the provision of services. Jurisdictions can enter into contracts with for-profit, nonprofit, and faith-based providers for the delivery of services to their TANF population. Such contracts are subject to state, territory or tribal procurement requirements and resource parameters. A number of jurisdictions have established contracts with service providers who have experience working with families that have experienced or are experiencing homelessness. Jurisdictions may provide specialized services to assist families with significant barriers such as homelessness, in order to stabilize these families and move them forward toward employment and self-sufficiency.

Child Support Enforcement Program

ACF's Child Support Enforcement (CSE) program is a federal/state/tribal effort to promote self-sufficiency by ensuring that both parents support children financially and emotionally. The federal CSE program functions in all states and territories, and over 60 tribes, through the state/county/tribal social services department, attorney general's office, court, or department of revenue. CSE programs locate parents, establish paternity, establish and enforce support orders, modify orders when appropriate, and collect and distribute child support payments. The program serves one-quarter of all children and half of all poor children in the country. Services are available to all who need them.

The Office of Child Support Enforcement (OCSE) helps states/tribes develop, manage, and operate their programs effectively and according to federal law. OCSE funds the major share of state/tribal program operating costs, operates parent location services, develops policies and guidance, provides training and technical assistance, conducts audits, administers research, and implements program improvement. The VA has surveyed Veterans experiencing homelessness and providers as part of Project CHALENG (Community Homelessness Assessment, Local Education, and Networking Groups) for Veterans. These surveys have consistently indicated that legal assistance with child support is very high on the list of unmet needs of Veterans experiencing homelessness. OCSE is working to expand the capacity of state child support programs to help veterans address and resolve child support issues – including current child support orders as well as child support debt in partnership with the VA and the American Bar Association. Child support agencies in nine major cities with large populations of Veterans experiencing homelessness have developed pilot projects to serve this population.

The initiative cities are Atlanta, Baltimore, Boston, Chicago, Washington, D.C., Minneapolis, Los Angeles, San Diego and Seattle. Veterans who contact child support agencies may be eligible to have their child support matters reviewed and addressed and may be connected to other support services. For more details on this initiative, see the [OCSE fact sheet “Ending Homelessness Among Veterans.”](#) OCSE and their partners are developing a toolkit on the various models of collaboration and the lessons learned from these pilot projects to expand the initiative to other localities.

Like the VA, the child support program is one of few that provide direct services to men and fathers. In their efforts to assist Veterans with obtaining housing and economic stability, state child support agencies work with several

VA programs including the Compensated Work Therapy program, the Domiciliary Residential Rehabilitation Treatment program, the Healthcare for Homeless Veterans Program, Homeless Veterans Community Employment Services, and the Health Care for Re-entry Veterans program. In addition, child support agencies have found it very helpful to partner with their regional Veterans Integrated Service Network (VISN). Through these partnerships, network providers become familiar with the child support program and child support caseworkers become aware of the services provided through the VISN, especially the Veterans Justice Outreach Coordinators (VJO) who serve as resources for Veterans involved in the criminal justice system. Because of one state's collaboration between the VJO and the state child support agency, the VJO in that state added a question to its Veterans' checklist: "Do you have any child support issues?" If the response is "yes," the VJO will refer the Veteran to the child support agency. In turn, where appropriate, the child support caseworkers refer veterans to their local VJO specialist for services.

In addition to working with the various VA programs, child support offices participate in Stand Downs, hosted by the VA. Stand Downs are collaborative one- to three-day events. Local VA and other government and community agencies participate. Stand Downs provide health and social services to Veterans experiencing homelessness nationwide as well as referrals for housing, employment, and substance use treatments. Across the country, child support agencies participate in and co-host Veteran Stand Down events. In this way, child support agencies reach veterans who likely would not otherwise visit a child support office. During the Stand Downs, child support representatives address individual Veteran's child support concerns as part of a larger effort to connect Veterans with a range of services and ensure that Veteran organizations and service providers have general information about child support services so that appropriate referrals can be made. Some child support agencies are partnering with their State Department of Veterans Affairs to find ways of assisting veterans with child support issues. The project has resulted in greater outreach from child support agencies within and outside of the original pilot cities to organizations serving veterans.

Finally, OCSE and VA are working to cross-train child support and VA staff so that VA staff understand what can be done to help Veterans by addressing ongoing child support issues and child support staff understand the kind of support and resources the VA can provide to veterans that might help them gain employment and be able to once again support their children.

More broadly, the child support program is recognized as one of the most effective government programs for reducing poverty. Annually the child support program lifts over one million people out of poverty and reduces the child poverty rate by over 5%. Child support payments account for significant portions of the annual household resources for low-income and very low-income custodial families – 45% and 63% respectively. Additionally, OCSE has urged states to offer debit cards as a means of transmitting child support payments to families, which can ensure that support reaches families experiencing homelessness who do not have an established or permanent address. Of the 54 states and territories, 51 indicate that they have a debit card process in place and 52 offer direct deposit to custodial parents. OCSE is also emphasizing the importance of domestic violence protocols and best practices for enhancing safe access to child support services. The child support mission to secure reliable support is aligned to promote victims' ability to safely leave violent relationships and establish safe, independent living situations for themselves and their children. The child support program serves both parents. The assessment and collection of child support, in order to provide economic stability for the child, is not intended to create economic or housing instability for the paying parent. OCSE has developed evidence-based policies and practices that strengthen parents' ability to pay support and recognize their self-sufficiency needs. These approaches include setting the support amount according to the parent's ability to pay, quickly modifying the amount when income and circumstances change, connecting parents to job services, and managing the accrual of unpaid support debt. With practices that help parents stabilize their lives, we can improve the conditions and outcomes for their children.

Head Start (Mainstream)

ACF's Head Start Program, which includes Early Head Start, is a comprehensive child development program that serves children from birth to age five, pregnant women, and their families. It is a child-focused, multi-generational program with the overall goal of increasing the school readiness of young children in low-income families. The children of families experiencing homelessness are categorically eligible for Head Start and are identified and

prioritized for enrollment. The children of families experiencing homelessness can apply, enroll and attend while documents are collected in a reasonable time frame. Head Start directly serves children experiencing homelessness from birth to five years old and provides children and their families with services related to nutrition, developmental, medical and dental screenings, immunizations, mental health and social services referrals, family engagement, and in some cases transportation.

The objective of the Head Start program is to promote school readiness by enhancing the social and cognitive development of low-income children, including children on federally recognized reservations and children of migratory farm workers, through the provision of comprehensive health, educational, nutritional, social, and other services; to involve parents in their children's learning and to help parents make progress toward their educational, literacy, and employment goals. Head Start also emphasizes the significant involvement of parents in the administration of their local Head Start programs.

Head Start was reauthorized by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134). In this reauthorization, age-eligible children whose families are determined to be homeless are categorically eligible for Head Start and Early Head Start programs. Many Head Start grantees serve families experiencing homelessness through home-based and center-based programs, both of which provide many supportive services to children and families regardless of their living circumstances. HHS issued a Notice of Proposed Rule Making (NPRM) regarding eligibility on March 18, 2011. This regulation affirms that the McKinney-Vento definition of "homeless" applies for Head Start eligibility and ensures that no requirements in the regulation create barriers for children experiencing homelessness being served in Head Start. In addition, [training modules are available online](#) regarding identification of, outreach to, and enrollment of families experiencing homelessness.

Head Start Program Information Report (PIR) data for the 2013-2014 program year reflects that a total of 45,175 families experiencing homelessness and 48,849 children experiencing homelessness were served by Head Start and Early Head Start grantees across the nation. The table below indicates the steady rise in the numbers of families and children experiencing homelessness that have been served by Head Start programs across the country. While this may be reflective of the increase of children experiencing homelessness across the nation, it is also likely a result of the change in OHS policy and improved outreach and prioritization of these children in the program combined with increases in family and child homelessness.

Category	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Cumulative Enrollment ²	1,059,633	1,061,343	1,047,184	1,104,191	1,125,209	1,130,211	1,129,754	1,076,109
Total # of families	974,206	977,680	967,764	1,024,962	1,041,132	1,044,962	1,033,698	988,903
# of families facing homelessness	27,000	22,700	26,000	39,000	44,200	49,063	46,800	45,175
# of children facing homelessness	30,500	26,200	29,600	43,000	49,100	54,355	50,992	48,849
# of families that found housing	16,400	12,900	12,400	14,800	16,400	17,731	15,696	14,730

²The figure above represents the total number of children who were enrolled in Head Start at any point during the program year rather than the total funded enrollment.

The Head Start-State Collaboration Offices endeavor to create partnerships and mobilize resources within early childhood systems in each of the 50 states, the District of Columbia, and Puerto Rico. Many Head Start State Collaboration Offices prioritize collaboration amongst providers that serve families with young children that are facing homelessness.

Child Care and Development Fund (Mainstream)

The Child Care and Development Fund (CCDF), administered by ACF's Office of Child Care (OCC), is a multi-billion dollar federal and state partnership that promotes family economic self-sufficiency and helps children succeed in school and life through affordable, high-quality early care and afterschool programs. Subsidized child care services are available to eligible families through certificates (vouchers), or grants and contracts with providers. The CCDF provides financial assistance for child care to approximately 1.5 million children every month.

As a block grant, this program offers states, territories, and tribes significant flexibility in designing their CCDF policies, including the ability to define eligibility and prioritize resources. OCC encourages states to leverage this flexibility to offer access to the most vulnerable populations, including families experiencing homelessness. Several policy areas in which states can offer access to families experiencing homelessness include: expanding access to and priority for services by broadening the definition of "protective services" and "special needs" to include children experiencing homelessness, allowing job and/or housing search as a qualifying activity for subsidy receipt, and exempting housing assistance from income eligibility determinations. These policies, many of which are currently being implemented, allow CCDF programs to better serve families experiencing homelessness.

Social Services Block Grant (Mainstream)

ACF's Social Services Block Grant (SSBG) is designed to: (1) reduce or eliminate dependency; (2) achieve or maintain self-sufficiency for families; (3) help prevent neglect, abuse, or exploitation of children and adults; (4) prevent or reduce inappropriate institutional care; and (5) secure admission or referral from institutional care, as appropriate. SSBG serves low-income children and families, persons with disabilities, and elderly persons with well-documented need. SSBG provides state and local flexibility in allocating federal funds and enables states to target populations that might not otherwise be eligible for services needed to remain self-sufficient and economically independent.

The SSBG program's implementing regulations are published at 45 CFR part 96. Those regulations include both specific requirements and general administrative requirements in lieu of 45 CFR part 92 (the HHS implementation of the A-102 Common Rule) for the covered block grant programs. Requirements specific to SSBG are in 45 CFR sections 96.70 through 96.74.

Community Services Block Grant (Mainstream)

The purpose of ACF's Community Services Block Grant (CSBG) is to provide services and activities to reduce poverty, including services to address employment, education, better use of available income, housing assistance, nutrition, energy, emergency services, and health and substance abuse needs. Funds are allocated by formula to 50 states and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas and state and federally-recognized Indian tribes. Funds are used by states to support a network of local community action agencies, federally and state-recognized Indian tribes and tribal organizations, migrant and seasonal farm worker organizations or private/public community-based organizations to provide a range of services and activities to assist low-income individuals and families, including people experiencing homelessness, to alleviate the causes and conditions of poverty.

CSBG participates in a Results Oriented Management and Accountability (ROMA) performance management system. ROMA describes the kinds of outcomes being reported by CSBG eligible entities in addressing the program's impact on local communities. The CSBG *Statistical Report* collects client information on the number of families experiencing homelessness served (without family housing) by the CSBG Network, which includes non-CSBG federal

funding to eligible entities, such as “Other HUD Including Homeless,” and state program funding for “housing and homeless programs.” In FY 2014, the CSBG Network served 178,150 families experiencing homelessness. CSBG eligible entities, often called Community Action Agencies, may serve as the Continuum of Care lead agency or serve as a partner.

In June 2014, the Office of Community Services issued a [CSBG Dear Colleague Letter](#) and [Information Memorandum](#) on the use of CSBG funds to meet matching requirements for HUD’s McKinney-Vento Homeless Assistance programs. Also in 2014, OCS began collaborating with the Community Action Partnership to develop a learning community cluster for the CSBG Network that will focus on effective practices for decreasing family homelessness. The cluster will serve as a peer learning project where a group of Community Action professionals will develop strategies to increase affordable housing in safe neighborhoods, and expanding shelter supports and other services leading to home ownership.

Family Violence Prevention and Services Act (Mainstream)

The purpose of ACF’s Family Violence Prevention and Services Act (FVPSA) Formula Grants is to support to states, U.S. tribes and U.S. territories to prevent and respond to incidents of family violence, domestic violence, and dating violence; to provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence or dating violence, and their dependents; to provide specialized services for children exposed to family violence, domestic violence or dating violence; and to respond to the unique needs of underserved and historically marginalized culturally and linguistically specific communities. Funds are allocated by formula to 50 states and the District of Columbia, Puerto Rico, Guam, American Samoa, the Virgin Islands, the Northern Marianas and federally-recognized Indian tribes. In Fiscal Year 2014, FVPSA’s core funding supported over 1,250 domestic violence shelter programs, 257 domestic violence non-shelter programs, and 137 tribal domestic violence grants. Local domestic violence programs provided immediate shelter and supportive services to 1,277,836 adult victims and 114,573 children or youth in 2014. State and tribal subgrantees also responded to more than 2.6 million crisis calls in 2014. Additionally, local domestic violence programs offered community education to raise public awareness and promote outreach for victims. In 2014, 112,720 training presentations were conducted for 2.4 million people. Furthermore, local programs provided presentations to children and youth about domestic violence, dating violence, healthy relationships, and available services for victims. 2,179,625 children and youth attended such presentations in 2014. Finally, the FVPSA-funded National Domestic Violence Hotline, which provides life-saving help to survivors of domestic violence and dating violence, received 266,615 calls for information and assistance in 2014.

Funding History (FY):

FY2014:	\$133.5 million
FY2013:	\$121.2 million
FY2012:	\$129.5 million
FY2011:	\$129.7 million

Administration for Native Americans (Mainstream)

ACF’s Administration for Native Americans (ANA) serves all Native Americans, including federally recognized tribes, American Indian and Alaska Native organizations, Native Hawaiian organizations and Native populations throughout the Pacific Basin (including American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands). ANA promotes self-sufficiency for Native Americans through two means. First, ANA provides discretionary grant funding for community-based projects as well as training and technical assistance to Native American grantees and potential applicants for funding. ANA’s project grants are awarded through three main program areas, including Social and Economic Development Strategies (SEDS). The second way in which ANA promotes Native American social and economic self-sufficiency is through its advocacy and policy development on behalf of Native Ameri-

cans. ANA promotes social and economic self-sufficiency in communities as well as help address homelessness in Native American communities through SEDS grants. These competitive financial assistance grants support locally determined projects designed to reduce or eliminate community problems and achieve community goals. These grants can be used for supportive services for homeless and at risk for homelessness populations in tribal and Native communities including: economic development, workforce training, strengthening families, community living projects, services for LGBT-Two Spirit populations, services for victims of human trafficking, and promoting responsible fatherhood.

DEPARTMENT OF HOMELAND SECURITY

Emergency Food and Shelter Program (Targeted)

The Emergency Food and Shelter Program (EFSP) began in 1983 with a \$50 million federal appropriation. The program was created by Congress to help meet the needs of people experiencing homelessness and hunger throughout the United States and its territories by allocating federal funds for the provision of food and shelter.

The EFSP is governed by a national board that is chaired by FEMA and comprised of representatives from the American Red Cross; Catholic Charities USA; National Council of the Churches of Christ in the USA; The Jewish Federations of North America; The Salvation Army; and, United Way Worldwide. During its 30 years of operation, the program has disbursed, through fiscal year 2012, over \$3.84 billion to over 14,000 Local Recipient Organizations (LROs) in more than 2,500 counties and cities. In fiscal year 2012, it disbursed \$113,226,020 to 9,989 LROs in 2,002 counties and cities as of July 2013. This figure includes part of a \$5.5 million reallocation by the National Board to 671 jurisdictions through the State Set-Aside (SSA) Committee process. These funds were available for reallocation due to unclaimed or returned funds from past fiscal years.

The National Board's guiding principles for the program are:

- *Efficiency*— prudent fiscal administration, reporting and procedural guidance to Local Boards and LROs
- *Accountability*—good stewards of taxpayers' dollars through reasonable oversight and transparency
- *Responsiveness*—prioritizes the allocation of supplemental funds to the neediest areas in the nation
- *Partnership*—promotes and strengthens collaboration between nonprofit organizations and public sector
- *Facilitating*—maximizes appropriate local decision-making through clear guidance and training.

The FEMA training course, IS-420, Implementing the Emergency Food and Shelter National Board Program, can be found at <http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-420>. The course instructs potential program participants about the requirements of the program. The National Board also sponsors webinars for Local Boards and LROs.

Local Administration and Governance

Locally, the program is a model of public-private cooperation. Each civil jurisdiction (a county or city) funded by the program must constitute a local board. The Local Board must be comprised of representatives of the same organizations as those on the National Board with a local government official replacing the FEMA representative. The Local Board members elect their chair. Local Boards may also have additional members and, since 1993, Local Boards have been required to include a person experiencing homelessness, a person who previously experienced homelessness, a former recipient of program services, or a homeless advocate as a member. If a jurisdiction is located within or encompasses a federally recognized Indian reservation, a Native American representative must be invited to serve on the Local Board. Additionally, the National Board encourages that organizations representing or serving the special emphasis groups named in the McKinney-Vento Homeless Assistance Act be invited to serve on the Local Boards. These groups include those serving the elderly, families with children, veterans, and the physically and mentally disabled.

The National Board allocates funds to jurisdictions based upon a formula; in addition, a small portion of funds is allocated by formula to the SSA Committees, who then allocate funds to jurisdictions based upon the criteria they feel is most appropriate. Once an allocation is made by either the National Board or a SSA Committee, Local Boards decide which agencies are to be awarded funds, and then those agencies (LROs) are paid directly by the National Board. Within a jurisdiction, no more than 2% of their allocation may be used for administrative costs by the Local Board and LROs combined.

State Set-Aside (SSA) Committees

In 1985, the National Board created a SSA Committee process to identify and fund areas of need not reflected in the National Board's formula criteria. SSA Committees, with member organizations mirroring the National Board in composition, receive funds based upon the number of unemployed people in counties within their state that do not qualify under the National Board's formula criteria. SSA Committees may use any criteria they wish to develop a needs-based formula to determine which jurisdictions receive funding. The committees must give priority to jurisdictions that do not qualify under the National Board formula, but they may also select, with National Board approval, jurisdictions that did qualify for funding. SSA Committees may use up to 0.5% of their allocation for administrative purposes.

Use of Emergency Food and Shelter Funds

Program funds are used by LROs to provide the following, as determined by the Local Board in each funded jurisdiction:

- Food, in the form of served meals or groceries;
- Lodging in a mass shelter or hotel;
- One month's rent or mortgage payment;
- One month's utility payment;
- Transportation costs associated with the provision of food or shelter;
- Minimal repairs to mass feeding or sheltering facilities for building code violations or for handicap accessibility; and
- Supplies and equipment necessary to feed or shelter people, up to a \$300 limit per item.

In fiscal year 2012, the National Board could use up to 1% of the total award for its administrative costs.

Number of People Experiencing Homelessness Assisted

The program's performance is measured by its adherence to the provisions enacted by Congress in the McKinney-Vento Homeless Assistance Act and in the National Board's ability to allocate and deliver funds quickly to the nation's neediest areas, to foster public-nonprofit sector partnerships, to ensure decision-making at the local level for the management and award of funds, and to maintain minimal but accountable reporting from funds recipients. Accomplishment of these measures is demonstrated in the services provided to hungry, homeless, and at-risk populations across our country. The EFSP provided the following assistance in fiscal years 2010, 2011, and 2012:

Fiscal Year	Meals Provided	Nights of Lodging Provided	Rent/Mortgage Payments Made	Utility Payments Made
2012 (estimates)	62,378,841	4,481,089	62,767	156,988
2011 (actuals)	63,008,930	4,526,353	63,401	158,574
2010 (actuals)	84,817,664	6,032,529	121,481	139,563
TOTALS	210,205,435	15,039,971	247,649	455,125

Funding History (FY)

2014: Not available
2013: \$113.8 million
2012: \$120 million
2011: \$119.76 million
2010: \$200 million

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

HUD's Homeless Assistance Programs (Targeted)

HUD's Homeless Assistance Grants include both formula (Emergency Solutions Grants) and competitive (Continuum of Care) programs.

On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes. First, it codifies into law and enhances the Continuum of Care (CoC) planning process, the coordinated response for addressing the needs of homelessness established administratively by HUD in 1995. The single CoC Program established by the HEARTH Act consolidates the following programs: the Supportive Housing Program, the Shelter Plus Care Program, and the section 8 Mod Rehab/SRO program. The Emergency Shelter Grants program is renamed the Emergency Solutions Grants (ESG) program and is revised to broaden existing emergency shelter and homelessness prevention activities and to add short and medium-term rental assistance and services to rapidly re-house people experiencing homelessness.

Total Number of People Experiencing Homelessness Assisted

Nearly 750,000 people were assisted in 2013.

Funding History (FY)

2014: \$2.105 billion (\$250 million for ESG; \$1.815 billion for CoC)
2013: \$1.933 billion (\$215 million for ESG; \$1.7 billion for CoC)
2012: \$1.901 billion (\$286 million for ESG; \$1.6 billion for CoC)
2011: \$1.905 billion (\$250 million for ESG - \$160 million under the Emergency Shelter Grants program and \$90 million under the Emergency Solutions Grants program)
2010: \$1.865 billion (\$160 million for ESG)
2009: \$1.677 billion (\$160 million for ESG)

Emergency Solutions Grants (Targeted)

The Emergency Solutions Grants (ESG) program is a formula-funded program that uses the Community Development Block Grant (CDBG) formula as the basis for allocating funds to eligible recipients, including states, qualified metropolitan cities, and urban counties. Territories also receive annual grants. All recipients must consult with local Continuums of Care (CoCs) within the jurisdiction in determining how to allocate ESG funds. The funds may generally be used for five program components:

- 1. Street Outreach**

Essential services necessary to reach out to unsheltered individuals and families experiencing homelessness, connect them with emergency shelter, housing, or critical services, and provide them with urgent, non-facility-based care. Eligible costs generally include the costs of engagement, case management, emergency health and mental health services, and transportation.

- 2. Emergency Shelter**

Renovation of buildings to be used as emergency shelter. Eligible costs generally include labor, materials, tools, and other costs for renovation (including major rehabilitation of an emergency shelter or conversion of a building into an emergency shelter).

Essential services for families and individuals in emergency shelters. Eligible costs generally include the costs of case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance use treatment services, and related transportation needs.

Shelter operations. Eligible costs generally include the costs of shelter maintenance, rent, repairs, security, fuel, equipment, insurance, utilities, food, and furnishings.

3. Homelessness Prevention

Housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help eligible individuals and families avoid moving to a shelter or places not meant for human habitation and regain stability in permanent housing. Eligible costs generally include the costs of rental assistance (including rental arrears), rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair.

4. Rapid Re-Housing Assistance

Housing relocation and stabilization services and short and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs generally include the costs of rental assistance (including rental arrears), rental application fees, security deposits, advance payment of last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, legal services, and credit repair.

5. HMIS

Eligible costs generally include the costs of participating in an existing Homeless Management Information System (HMIS) of the CoC where the activities are located.

Up to 7.5% of a recipient's allocation can be used for administrative costs. States must share this amount with their subrecipients that are local governments, and all recipients may share this amount with their subrecipients that are private nonprofit organizations.

Jurisdictions apply for ESG funds through the Consolidated Planning process, which is governed by 24 CFR part 91 and involves citizen participation and consultation with organizations that serve the persons experiencing or at risk of homelessness.

States must distribute most of their ESG funds to units of general purpose local government and private non-profit organizations to carry out the program components. Local governments and territories may carry out program components themselves or may distribute all or a portion of their ESG funds to private nonprofit organizations to carry out the program components.

Continuum of Care Program (Targeted)

The purpose of the program is to promote community-wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to individuals, families and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

A CoC is a group that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, and many other organizations that address indirectly or are involved in directly addressing homeless issues. These organizations consist of the relevant organiza-

tions in the geographic area. The CoC has three primary responsibilities—to operate the CoC system, to designate and operate an HMIS for the CoC, and to plan for the CoC.

The CoC program will be composed of five components through which funds may be awarded:

- 1. Permanent Housing.** Permanent housing (PH) is community-based housing where there is no designated length of stay. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs, and supportive services. This component includes permanent supportive housing for persons with disabilities (PSH) and rapid re-housing.
- 2. Transitional Housing.** Transitional housing (TH) facilitates the movement of individuals and families experiencing homelessness to PH within 24 months of entering TH. Grant funds may be used for acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs and supportive services.
- 3. Supportive Service Only (SSO).** Funds may be used for acquisition, rehabilitation, relocation costs, or leasing of a facility from which supportive services will be provided to unsheltered and sheltered people experiencing homelessness for whom the recipient or subrecipient is not providing housing or housing assistance. SSO includes street outreach.
- 4. Homeless Management Information System (HMIS).** Funds may be used by HMIS leads to lease a structure in which the HMIS is operated or as operating funds to operate a structure in which the HMIS is operated and for other costs eligible in 24 CFR § 578.57.
- 5. Homelessness prevention.** Funds may be used by recipients in CoC-designated High-Performing Communities for housing relocation and stabilization services, and short- and/or medium-term rental assistance, as described in 24 CFR § 576.105 and 24 CFR § 576.106, that are necessary to prevent an individual or family from becoming homeless.

Barriers to Access

HUD has sought to resolve the barriers previously identified under the SHP, S+C, and SRO programs by including performance measures to improve program implementation, allowing for planning dollars for the CoC, FMR increases for grants currently funded under SHP, and a 25% overall cash and in-kind match. This match requirement excludes leasing funds.

Efforts to Increase Participation by People Experiencing Homelessness or Homeless Providers

The McKinney-Vento Homeless Assistance Act and CoC Program interim rule require CoCs to include people experiencing homelessness and homeless service providers as part of the planning process.

Rural Housing Stability Assistance Program (Targeted)

The Rural Housing Stability Assistance Program (RHSP) is a new program authorized by the McKinney-Vento Act, the purpose of which is to assist individuals and families who are homeless, at risk of homelessness, or in the worst housing situations in the geographic area. This new program provides grants competitively for rural counties in lieu of grants under the CoC program. RHSP funds can be used for a variety of activities including:

- | | |
|---|---|
| 1. Rent, mortgage, and utility assistance | 9. Operating costs |
| 2. Relocation assistance | 10. Rehabilitation and repairs of participant-owned housing |
| 3. Short-term emergency lodging | 11. Supportive services |
| 4. New construction | 12. Use of federal inventory property |
| 5. Acquisition | 13. Capacity building |
| 6. Rehabilitation | 14. Data collection costs |
| 7. Leasing | 15. Administrative cost |
| 8. Rental assistance | |

HUD published a proposed rule on March 27, 2013.

Number of People Experiencing Homelessness Assisted

Not Applicable

Funding History

Not Applicable

Federal Real Property to Assist the Homeless (Targeted)

The purpose of Title V of the McKinney-Vento Homeless Assistance Act is to provide suitable federal properties (land or buildings) categorized as unutilized, underutilized, excess, or surplus for use to assist with homelessness. Properties are made available on an “as-is” basis. Properties are leased without charge, although the homeless organization must pay for operating and repair costs. Leases may be from one year to 20 years. Surplus properties may also be deeded to the organization. Properties can be used to provide services such as job training or child care center, storage, emergency, transitional, and/or permanent housing, and any other activity that clearly meets an identified need of people experiencing homelessness.

Three federal agencies—HUD, HHS, and GSA—have a role in operating the program. HUD reviews information submitted by federal landholding agencies and determines whether the properties are “suitable” for use to assist people experiencing homelessness. Properties are generally considered suitable unless they are within 2,000 feet of flammable or explosive material, are within a runway clear zone and military airfield clear zone or a floodway of a 100 year floodplain, have documented deficiencies such as contamination, structurally damaged or extensive deterioration, are within a secured area where no alternative method to gain access without compromising national security, or are inaccessible.

Each week, HUD publishes the suitability determinations for properties that were submitted by a landholding agency in the *Federal Register*. Since the inception of the program, at least 40,000 have been reviewed for suitability and at least 10,000 have been determined suitable to assist the homeless.

Barriers to Access

Under Title V, the process for identifying properties, determining suitability, determining availability by landholding agencies, and leasing or deeding surplus properties involves at least three federal agencies and can appear quite confusing and cumbersome to homeless providers. For example, because of the wide latitude in the suitability standard, a clear majority of the properties HUD finds “suitable” are not actually practical for homeless assistance because they are in remote areas or have other limitations that make them unattractive to homeless providers. About 95% of the properties are military, most of which are located on bases that are not convenient to people experiencing homelessness. Nearly all buildings that are available need renovation and providers often do not have sufficient funds to make the needed repairs. In some cases, local opposition to the use of the property by homeless providers has caused providers to withdraw their applications.

Efforts to Increase Participation by People Experiencing Homelessness or Homeless Providers

To assist homeless providers, HUD has established a toll-free “hotline” that is used to provide information on properties and answer questions about the program. HUD has also directed local HUD field staff to be the point of contact for homeless providers interested in obtaining surplus federal properties. Although they cannot reduce the number of steps necessary to put the properties to use, local HUD staff does provide information and technical assistance concerning the inventory and process. The offices maintain mailing lists for distributing lists of suitable properties that are published in the Federal Register. As the point of contact for other homeless assistance programs, local HUD staff is also able to suggest ways of coordinating Title V with other federal, state, local, and private homeless assistance programs.

In addition, during FY 2014, HUD participated in a joint webinar with HHS and HHS to provide program information to federal landholding agencies and organizations.

The Base Realignment and Closure Program (Targeted)

The Base Realignment and Closure Program (BRAC) is a community based process that balances the need for economic and other redevelopment while addressing the needs of the people experiencing homelessness at base closure and realignment sites. Under this program, HUD reviews base redevelopment plans prepared by a local redevelopment authority for compliance with the BRAC law. HUD also offers technical assistance to the communities in the vicinity of the military installation. Homeless assistance providers may apply to the local redevelopment authority to obtain no-cost transfers of buildings and other resources on former military bases for a wide range of activities, from emergency shelter to permanent housing to support services.

LRAs are established by state or local governments and must be officially recognized by the U.S. Department of Defense’s Office of Economic Adjustment (OEA). Each LRA represents key stakeholders affected by a base closure and is responsible for developing and implementing reuse plans.

Homeless assistance providers, including state and local government agencies, private nonprofit organizations, and other entities, may be eligible to use former military buildings to provide immediate, transitional, and permanent housing; support services; food and clothing banks; treatment facilities; and other items that fill gaps within a community’s CoC.

Transfer of properties will occur only after the following steps have been completed:

- OEA notifies the LRA of its recognition in writing and publishes the point of contact’s name and address in the *Federal Register* and a newspaper circulated near the installation in question.
- The LRA posts an advertisement in the local newspaper identifying the time period during which homeless assistance providers and state and local governments may submit official notices of interest (NOIs), which must include their proposed plans for reusing the properties. The LRA must then determine which NOIs, if any, to support (ending up in legally binding agreements).

- After this outreach period, the LRA has 270 days to generate a redevelopment plan and a homeless assistance submission, which outline how the proposed reuses of the military installation will respond to the community's needs. Once these documents are drafted, the LRA must hold a public hearing to give community members an opportunity to give their feedback. The LRA then revises and submits final copies to its local HUD field office, HUD headquarters in Washington, D.C., and DoD.

DoD also must conduct an official public benefit transfer screening and an environmental review of the installation.

Barriers to Access

Under BRAC, the process for identifying military installations to close, assessing the community's proposed plans for reusing the plans, determining suitability, and disposing the properties involve DoD, the Military Department, HUD, and the community. Many communities want the properties for free and to use the properties for other purposes besides homeless housing activities. The Military Department wants to sell the property at fair market value. The selection and final conveyance timeline is considered too long and the regulations are complex. The last BRAC round was authorized by Congress in 2005. All bases approved for closure have already completed the HUD BRAC process, save one. The Pueblo Chemical Depot in Colorado was declared surplus in December 20, 2013. The BRAC application is due to HUD for review no later than March 8, 2015.

Efforts to Increase Participation by People Experiencing Homelessness or Homeless Providers

HUD has developed a guidebook to explain the base redevelopment planning process, the requirements and guidelines for submission of applications, and HUD's review process. However, this guide is not an exhaustive reference. Other issues germane to the base reuse process are addressed in two DoD documents. *Responding to Change: Communities & BRAC* provides practical, early-on advice for local and state officials and the general public. It encourages early organization, thorough planning, and actual implementation of redevelopment plans. The other document, *The Base Redevelopment and Realignment Manual*, describes the procedures to transition installations from military to civilian use and ensures a common approach is used by all the components of the Department of Defense. Copies may be obtained online. Other primary sources of BRAC information can be located online at the BRAC Commission website or DoD's website.

HUD-VA Supportive Housing Program (Targeted)

HUD-VASH combines HUD Housing Choice Voucher (HCV) program rental assistance for Veterans experiencing homelessness with case management and supportive services provided by the VA at its medical facilities and in the community. Congress appropriated \$75 million each year in FY 2008, 2009, 2010, 2012, 2013, and 2014 for the funding of approximately 10,000 vouchers each year. In FY 2011, \$50 million was appropriated for the funding of approximately 7,000 vouchers. In total, \$500 million for approximately 70,000 HUD-VASH vouchers have been awarded to 427 public housing agencies (PHAs) since 2008.

Participating VA Medical Centers (VAMCs) are selected based on factors such as the population of Veterans experiencing homelessness needing services in the area, the number of Veterans experiencing homelessness served by the homeless programs at each facility, geographic distribution and VA case management resources. PHAs that agreed to partner with the selected VA medical facilities were invited to apply for HUD-VASH vouchers. Veterans experiencing homelessness are first screened by the VA medical facility and then referred to the partner PHA for the HCV eligibility determination and issuance of the voucher. Agreement of the Veteran to participate in case management is a condition of receiving the rental assistance.

Through the alternative HUD-VASH operating requirements, a number of the regular HCV rules are waived to expedite the processing of Veterans' applications, including rules on HCV waiting lists and the screening of applicants. PHAs must process applications for the HUD-VASH program only from Veterans that are referred by a partnering VAMC; therefore, Veterans are not placed on the PHA's normal HCV waiting list prior to the PHA's processing of their application. In addition, PHAs only screen HUD-VASH applicants for income eligibility and to make sure that

the applicants are not subject to a lifetime registration requirement under a state sex-offender registration program. Normally, PHAs must screen HCV applicants according to a long list of both HCV program requirements and PHA-specific requirements. By eliminating regular HCV rules on waiting lists and screening requirements, Veterans' applications for HUD-VASH vouchers are processed much more quickly than those individuals and families that apply for the regular HCV program.

All Veterans served by HUD-VASH are homeless prior to program entry. HUD does not collect data on the types of locations or facilities where the Veterans have lived prior to participating in the program. VAMCs determine Veterans' homeless status prior to program entry, and the McKinney-Vento definition of an individual experiencing homelessness is used.

Number of People Experiencing Homelessness Assisted

On September 30, 2014, 58,135 Vouchers were allocated to Veterans. The vouchers were distributed to 51,913 Veterans housed with a HUD-VASH voucher; 3,344 Veterans in the process of securing housing with a HUD-VASH voucher; and 691 Veterans awaiting a HUD-VASH voucher to be issued by the Public Housing Authority.

HUD Funding History (FY)

2014: \$75 million

2013: \$75 million

2012: \$75 million

2011: \$50 million

2010: \$75 million

2009: \$75 million

VA Case Management Funding History (FY)

2014: \$341 million

2013: \$288 million

2012: \$170 million

2011: \$120 million

2010: \$71 million

2009: \$27 million

Veterans Homelessness Prevention Demonstration Program (Targeted)

The Veterans Homelessness Prevention Demonstration (VHPD) program was a three-year pilot partnership with VA, HUD, DOL, and local community agencies to explore ways the federal government can support early intervention to prevent Veteran homelessness. The primary beneficiaries of this program were Veterans returning from Iraq and Afghanistan with a specific focus on women Veterans; Veterans with families, especially with a single head of household; as well as National Guard and Reserve Veterans who were being discharged from the military. This program provided an opportunity to understand the unique needs of this cohort of Veterans and their families, and supported efforts to identify, conduct outreach, and assist them in regaining and maintaining housing stability.

As the lead agency, HUD received \$10 million dollars in funding to award grants for the provision of housing assistance and supportive services to prevent Veterans and their families from becoming homeless, or reduce the length of time Veterans and their families are homeless.

VA received \$5 million in funding to provide and coordinate outreach to help Veterans engage in VA health care treatment, services and benefits programs. Each local VA Medical Center has identified a VHPD team to work with the local HUD grantees, Vet Center staff and Department of Labor (DOL). Although DOL has not received dedicated funding for this program, they assisted Veterans with gaining access to mainstream education and job training programs through One Stop Career Centers, Disabled Veterans' Outreach Program Specialists, Local Veterans' Employment Representative Programs, and Homeless Veterans' Reintegration Programs. VHPD is projected to provide services to over 1,200 Veteran families. Grant agreements were signed by the local grantees and HUD in January 2011. The local programs initiated services in March 2011, and cover geography in approximately 15 Continuums of Care.

Number of People Experiencing Homelessness Assisted

3,021 through March FY 2013

Funding History (FY)

2012: Not applicable

2011: Not applicable

2010: Not applicable

2009: \$10 million in one-time demonstration funding

HUD Mainstream Programs

Community Development Block Grant (Mainstream)

The Community Development Block Grant (CDBG) provides grants to states and metropolitan cities and urban counties for community development activities, such as housing rehabilitation, public facilities improvements, public services, and economic development. Activities funded with CDBG funds must meet at least one of three national objectives: benefiting low and moderate-income persons, eliminating slums or blight, or meeting urgent community development needs. The CDBG Program can be used to acquire and rehabilitate affordable housing for low-income households, including those who are homeless or are threatened with becoming homeless. In addition, local communities often use CDBG funds to assist low-income homeowners who live in substandard or even dangerous housing conditions to rehabilitate their homes thus avoiding losing their home and falling into homelessness. CDBG funds may not be used for income payments such as subsistence-type grant payments made to a family or individual for items such as food, clothing, housing (rent or mortgage), or utilities.

In FY 2014, 1,193 metropolitan cities and urban counties, 49 state governments, three non-entitlement communities in Hawaii, Puerto Rico, and the four Insular Areas administered the CDBG program and have great discretion in how they spend their funds.

Local communities decide on the use of these block grant funds based upon need, as determined through the Consolidated Plan development process. CDBG funds can and are used for acquisition, construction, or rehabilitation of emergency shelters, as well as facilities for victims of domestic violence. Additionally, a variety of public services are eligible uses of CDBG funds including operating costs of an emergency shelter, mental health and substance use services, and the provision of food and other services. Disbursements for the CDBG program in FY 2014 – the most recent data available – indicate that \$45.5 million or approximately 1.37% of CDBG formula funding expend-

ed during the fiscal year was used for activities that benefit people experiencing homelessness directly, through the construction, rehabilitation, or renovation of emergency shelters and for their operation. This estimate does not include the additional millions of dollars communities use to assist people experiencing homelessness as part of services programs and affordable housing serving low-income persons generally. This compares to \$51.7 million or approximately 1.45% in FY 2013.

Number of People Experiencing Homelessness Assisted

The CDBG program does not have targets regarding homeless beneficiaries. As part of Community Planning and Development's Performance Measurement System for formula programs, grantees report on the numbers of homeless beneficiaries served for selected activities. For FY 2012, grantees reported the following: (these are *not* unduplicated counts)

- **Shelter for People Experiencing Homelessness**
Number of persons assisted by emergency grant payments to prevent homelessness: 9,846
Number of persons assisted by emergency grant payments for legal assistance to prevent homelessness: 3,433
- **Homeless Prevention**
Number of persons assisted that received emergency financial assistance to prevent homelessness: 9,846
Number of persons assisted that received emergency legal assistance to prevent homelessness: 3,433
- **Construction of Rental Housing**
Number of permanent housing units for persons and families experiencing homelessness: 136
- **Rehabilitation of Rental Housing**
Number of permanent housing units for persons and families experiencing homelessness: 653

Housing Status of Beneficiaries

The CDBG program does not track the housing or homelessness status of beneficiaries over time. Grantees simply report on the number of beneficiaries (under relevant eligible activities) who were homeless at the time benefits were provided. The total number of persons served during FY 2014, as reported by grantees the CDBG program assisted 528,105 beneficiaries who were homeless at the time benefits were provided (*not* an unduplicated count) compared to 542,170 in FY 2013.

HOME Investment Partnership Program (Mainstream)

HOME is a formula-based program that provides funds to state (40%) and local government (60%) participating jurisdictions (PJs) for the purpose of expanding the supply of affordable housing. HOME funds can be used for acquisition, new construction, and rehabilitation of affordable housing and for tenantbased rental assistance programs (TBRA) that serve low- or very low-income households. The state and local governments that receive HOME funds have a great deal of flexibility in using their HOME funds to address local affordable housing needs as defined in their Consolidated Plans, including homeless housing needs. While HOME funds cannot be used to provide supportive services or to fund shelters, HOME can be used to acquire and/or develop transitional or permanent rental housing for people experiencing homelessness, including Group Homes and SRO units. Tenant-based rental assistance can help households who are homeless or who are threatened with becoming homeless because of high rent burdens. Low- and very-low income homeowners who live in substandard or dangerous housing conditions can receive HOME funds to rehabilitate their homes, thus avoiding displacement onto the streets or into shelters. The flexibility of the HOME program enables HOME to work well with other federal homeless housing programs. HOME can be used as gap financing and can be provided as grants or deferred payment loans. This can reduce monthly rents and housing costs so that assisted units are affordable to extremely low-income households (below 30% of the area median income). Extremely low-income households occupy nearly 44% of HOME rental units, nearly 31% of HOME homeowner rehabilitation units, and receive more than 79% of HOME TBRA subsidies.

Section 811 Supportive Housing for Persons with Disabilities Program

The section 811 Supportive Housing for Persons with Disabilities Program provides affordable housing for persons with disabilities. Historically, HUD has provided both capital advances and operating subsidies to nonprofit sponsors to construct and manage multifamily housing for low-income persons with disabilities.

However, starting in Fiscal Year 2012 as authorized under the Frank Melville Supportive Housing Investment Act of 2010, HUD shifted to a new section 811 Project Rental Assistance Program that provides long-term operating assistance funds to state housing agencies working in partnership with state health care agencies that have developed methods for identifying, referring, and conducting outreach to a target population of extremely low-income persons with disabilities.

These operating assistance funds are used to set aside units for this target population integrated into affordable housing projects whose capital costs are funded through Low-Income Housing Tax Credits, HOME funds, or other public or private sources. This allows HUD to rely on the expertise of the state housing agencies to administer the award and on the state health care agencies to identify the most critical population to be served and to guarantee the delivery of appropriate services and supports directly to the residents. This partnership will result in long-term strategies to provide permanent affordable housing for extremely low-income persons with disabilities.

Because this program helps states avoid the costs associated with unnecessary institutionalization or homelessness — and help states comply with disability integration mandates — the demand in the program's initial year was significant. Thirty-five states and the District of Columbia submitted competitive applications, requesting in aggregate approximately \$236 million of section 811 PRA assistance. HUD awarded approximately \$98 million in grants to 13 state housing agencies in February, 2013.

Current Status

Because Section 811 PRA is a brand new program that requires extensive collaboration between federal and state housing and health care agencies, it has taken some time to launch the program. However, the systems are now in place and states are ready to start leasing units. As of November 30, the Department has signed cooperative agreements with 11 of the 13 state housing agencies and the states are preparing to lease units. Several states have indicated that they are well underway with their lease-up process and anticipate occupying units in Dec 2014 and January 2015.

New Funds

The FY 2013 and FY 2014 Section 811 PRA appropriations were combined into a single \$120 million Notice of Funding Availability, which was closed on May 5, 2014. Thirty-four states plus the District of Columbia applied for funds. The Department expects to fund a mix of new states and currently funded states. These funds are expected to support an additional 4,000 units of affordable housing for extremely low-income persons with disabilities. Applications are currently being reviewed.

Housing Choice Voucher Program (Mainstream)

The Housing Choice Voucher (HCV) Program serves over 2 million families nationwide and is the federal Government's largest program for assisting very low-income families, the elderly, and persons with disabilities to afford decent, safe, and sanitary housing in the private rental market. There were 164,182 households admitted to the program in FY 2014, including 10,378 experiencing homelessness at admission. Program participants are free to choose any housing that meets program requirements. Housing choice vouchers are administered locally by approximately 2,300 public housing agencies (PHAs) nationwide. These PHAs receive federal funds from HUD to administer the program. Applicants are placed on and selected from a waiting list, with the exception of special admissions (targeted by HUD) who do not need to be placed and selected from the waiting list.

Under the program, the PHA pays a housing subsidy directly to the landlord on behalf of the participating family. The maximum housing assistance is generally the lesser of the payment standard minus 30% of the family's

monthly adjusted income or the gross rent for the unit minus 30% of the monthly adjusted income. Vouchers may also be used to subsidize mortgages of first-time low-income homebuyers where a PHA has chosen to administer a homeownership program. Further, local PHAs may “project base” up to 20% of their voucher funding to specific housing units under certain conditions. Additionally, a PHA has the discretion to establish local preferences for selecting applicants from its waiting list to participate in the voucher program. Homelessness is one of the preferences that a PHA may choose to adopt. Families who qualify for a local preference move ahead of other families on the waiting list who do not qualify for any preference.

Public Housing Program (Mainstream)

The Public Housing Program supports public housing by providing (1) operating subsidies to help public housing agencies (PHAs) maintain and operate public housing projects, establish operating reserves, and offset operating deficits and (2) annual contributions for assistance to finance capital improvements, development, and related management improvements in PHA-managed public housing projects. Only low-income households are eligible for public housing with income targeting requirements determining the categories of low-income households receiving priorities.

Nearly 1.1 million households live in public housing. PHAs can, and sometimes do, give local preference to people experiencing homelessness for admission in to public housing. In FY 2014, 144,082 previously unassisted households received public housing assistance. Among newly admitted households, 6,635 were homeless at the time of admission.

Housing Counseling Program (Mainstream)

The Housing Counseling Program delivers a wide variety of housing counseling services to homebuyers, homeowners, low- to moderate-income renters, and people experiencing homelessness. Counselors provide guidance and advice to help families and individuals improve their housing conditions and meet the responsibilities of tenancy and homeownership. The Housing Counseling Program helps prevent homelessness by helping those at risk of homelessness find permanent, transitional or emergency housing. Homeless persons and individuals at risk of homelessness can visit HUD-approved and HUD-funded housing counseling agencies and receive guidance, including referrals to emergency and transitional housing providers. The Housing Counseling Program NOFA encourages this activity. It also directs housing counseling agencies to participate in their local consolidated planning process, facilitating increased coordination among housing counseling agencies, community development organizations, and emergency service providers.

In the first three quarters of FY 2013, 15,211 people received assistance from HUD-approved housing counseling agencies related to homelessness.

Housing Opportunities for Persons with AIDS

The Housing Opportunities for Persons with AIDS (HOPWA) program was authorized in 1992 by the AIDS Housing Opportunity Act. The purpose of the program is to provide states and local governments with resources and incentives for devising long-term strategies to develop a range of housing assistance and supportive services for low-income persons living with HIV/AIDS and their families. This helps families to overcome key barriers to stable housing - affordability and discrimination.

The HOPWA program promotes consistent participation in appropriate HIV treatment. It also allows HOPWA grantees to address related challenges that add to the risks of homelessness, including substance use and mental health issues, as well as issues of discrimination and barriers due to stigma associated with HIV/AIDS. Additionally, grant funding under the program helps address unmet housing needs through the provision of rental assistance, the use of short-term rent, mortgage, and utility payments to reduce risks of homelessness, and through the operation of supportive housing facilities. The stable housing that results from this assistance allows program beneficiaries to participate in an effective and comprehensive care program.

Grantees measure client outcomes to assess how housing assistance results in creating or maintaining stable housing, reduces risks of homelessness, and improves access to healthcare and other supportive services. In FY 2013, 96% of HOPWA program beneficiaries receiving permanent housing assistance remained stably housed. Grantees reported that 80% of program beneficiaries that resided in short-term/transitional facilities were stably housed or had reduced risks of homelessness upon exit or at end of the reporting year.

While the HOPWA program is not a targeted homelessness program, homeless households and individuals are eligible to receive HOPWA resources. The HOPWA program has also been administered in collaboration and coordination with HUD's homeless assistance programs. For instance, HOPWA grantees provide guidance to CoCs to help with the collection of HIV status during the Point-in-Time Counts (PIT) and Housing Inventory Counts (HIC). This helps inform HUD about the epidemic's impact on homeless populations. Additionally, in FY 2013, HOPWA competitive renewal grantees used grant funds to take part in coordination and planning with their local Continuum of Care. They participated in their local Continuum of Care, joined the local Homeless Management Information System or comparable client-level database, participated in the HIC and PIT count, and coordinated with the local centralized intake system. The increased coordination between these programs reduced administrative burdens, and provided a streamlined system in order to provide better health outcomes for this vulnerable population.

Number of People Experiencing Homelessness Assisted

In FY 2013, HOPWA funding provided housing assistance to 56,440 households, of which approximately 5,736 individuals were homeless at time of program entry, a 25% increase from the prior fiscal year. Of the 5,736 individuals assisted, approximately 13% are homeless veterans and 51% are chronically homeless.

Funding History (FY)

2014: \$330 million
2013: \$315 million
2012: \$332 million
2011: \$334 million
2010: \$335 million
2009: \$310 million

DEPARTMENT OF JUSTICE

Olmstead Enforcement Work by Civil Rights Division

The Americans with Disabilities Act, as interpreted by the Supreme Court in *Olmstead v. L.C.*, requires that state and local governments provide services to individuals with disabilities in the most integrated setting appropriate to their needs. A key component of Olmstead settlement agreements between the Department of Justice and states involves the creation of permanent supportive housing. This housing is available to individuals at risk of institutionalization and individuals in institutions, many of whom fall under the definition of chronic homelessness. The Civil Rights Division has been tracking the number of people with serious mental illness who are experiencing homelessness and at serious risk of entering into psychiatric hospitals, emergency rooms, and the criminal justice system, and who are benefitting from DOJ's settlement agreements in Delaware and Georgia. As of July 2014, the state of Delaware has provided vouchers or subsidies for scattered-site integrated supported housing to over 300 individuals with serious mental illness who were experiencing homelessness. In the same time frame in Georgia, nearly half of the housing vouchers created under the Olmstead settlement were provided to individuals experiencing homelessness, or 880 of approximately 1,570 vouchers.

The settlement agreement between the Department of Justice and the state of North Carolina similarly provides community-based supported housing that may prevent homelessness of individuals with mental illness who are institutionalized or at risk of institutionalization.

Office on Violence Against Women Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program Transitional Housing Assistance Program (Targeted)

The Office on Violence Against Women (OVW) Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, or Stalking Program Transitional Housing Assistance Program focuses on a holistic, victim-centered approach to providing transitional housing services that move individuals into permanent housing. Grants made under this grant program support programs that provide assistance to victims of sexual assault, domestic violence, dating violence, and/or stalking who are in need of transitional housing, short-term housing assistance, and related support services. Successful transitional housing programs provide a wide range of flexible and optional services that reflect the differences and individual needs of victims and allow victims to choose the course of action that is best for them. Transitional Housing programs may offer individualized services such as counseling, support groups, safety planning, and advocacy services as well as practical services such as licensed child care, employment services, transportation vouchers, telephones, and referrals to other agencies. Trained staff and case managers may also be available to work with clients to help them determine and reach their goals of permanent housing.

Number of People Experiencing Homelessness Assisted

Between July 2013 and June 2014, grantees receiving funding through OVW's Transitional Housing Assistance Program provided the following services:

- In the last six months of 2013, a total of 3,501 victims, 4,208 children, and 107 other dependents were served or partially served. 1,068 victims and 1,296 children were not served due to lack of available housing.
- In the first six months of 2014, a total of 3,464 victims, 4,518 children, and 100 other dependents were served or partially served. 1,098 victims and 1,130 children were not served due to lack of available housing.

Funding History

2014: 24.75 million

2013: \$23.281 million

2012: \$25.0 million

2011: \$17.964 million

2010: \$18.0 million

2009: \$18.0 million

The Department of Justice has a number of programs, described below, that, although not targeted to provide direct assistance to people experiencing homelessness, may through implementation provide some benefits to the population facing homelessness. However, tracking is not carried out to determine the number of people experiencing homelessness who benefit from these programs.

Drug Court Discretionary Grant Program

The Drug Court Discretionary Grant Program, authorized in 42 U.S.C. § 3797(u), provides financial and technical assistance to states, state courts, local courts, local governments, and Indian tribal governments through discretionary project grants, to develop and implement drug treatment courts that effectively integrate substance use treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent offenders with substance use disorders. Drug Court Discretionary Program grants are competitive, with three categories of funding available, including drug court implementation, single drug court service enhancement, and statewide drug court enhancement. Allowable uses of these funds are court services and offender services, including offender management and non-treatment recovery support services, which include job training and placement, housing placement assistance, education, medical and mental health services, childcare and other family supportive services.

In FY 2014, OJJDP provided \$2,100,000 under the ***OJJDP Family Drug Court Statewide System Reform Program*** and \$900,000 for family drug court training and technical assistance. OJJDP also may one award under the ***OJJDP Initiative to Develop and Test Guidelines for Juvenile Drug Courts*** in the amount of \$5,988,057 and provided \$3,614,795 under the ***OJJDP Enhancements to Juvenile Drug Courts Program***.

Second Chance Act Reentry Program

On April 9, 2008, the Second Chance Act (PL 110-199) (SCA) was signed into law. The bill received bipartisan support in both chambers of Congress in its passage and is supported by a broad spectrum of leaders representing states, law enforcement, corrections, courts, and local governments. This first-of-its-kind legislation authorizes various grants to state and local governments, federally recognized Indian tribes and nonprofit groups to provide employment assistance, substance use disorder treatment, housing, family programming, mentoring, victims support, and other services that can help reduce re-offending and violations of probation and parole. In FY 2014, DOJ made 55 awards totaling over \$82 million.

(Section 101) Adult and Juvenile Demonstration Grants authorizes grants for adult and juvenile reentry demonstration projects. One of the performance outcomes for this section is "...increased housing opportunities." The Second Chance Act sets the model for a comprehensive approach to reentry services. If the returning offender needs transitional or temporary housing, the SCA section 101 funds can be used to fund transitional housing. If the returning offender needs longer-term housing, the SCA funds can also be utilized to subsidize such services. The provision of housing is seen as a vital part of effective reentry and provides a stable base for the provision of other services such as substance use treatment, mental health counseling or family reunification services.

In FY2014, BJA made 12 awards under for the Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders in the total amount of \$7,052,909.

(Section 111) State, Local, and Tribal Reentry Courts authorizes the creation of state, local, and tribal reentry courts to monitor offenders and provide them with the treatment services needed to establish a self-sustaining and law-abiding life. These treatment services could include housing or other services as needed to assist program participants with successful reentry.

(Section 113) Family-Based Substance Abuse Treatment Program authorizes grants to states, units of local government, and Indian tribes to improve the provision of substance use treatment for offenders within prison and jails, and for inmates who have minor children. This program also includes outreach to families and provision of treatment services to children and other family members of participant inmates. Based on an individual offender's risk/needs assessment, applicants are encouraged to make available a comprehensive range of family and recovery support program services that could include housing, as well as other services.

(Section 201) Substance Abuse and Criminal Justice Collaboration authorizes grants to states, units of local government, territories, and Indian tribes to improve the provision of drug treatment to offenders in prisons, jails, and juvenile facilities during the period of incarceration and through the completion of parole or other court supervision after release into the community. Based on an individual offender's risk/needs assessment, applicants are encouraged to make available a comprehensive range of family and recovery support program services that could include housing, as well as other services. The Bureau of Justice Assistance (BJA) has targeted these funds to serve offenders with co-occurring substance use and mental health disorders.

(Section 211) Mentoring Grants to Nonprofit Organizations authorizes grants to nonprofit organizations and federally recognized Indian tribes that could be used for mentoring projects to promote the safe and successful reintegration into the community of individuals who have been incarcerated. Grantees are expected to deliver or broker the provision of transitional services proposed to be offered in conjunction with the core mentoring component to assist in the reintegration of offenders into the community. Examples of transitional services designed to increase successful reentry could include housing assistance.

DOJ has developed measures to track how many people exiting prisons were housed and not housed at program exit for Second Chance grantees. Measures will track program exits and housing for participants who successfully completed the program and participants who unsuccessfully completed the program.

Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program, authorized in 42 USC § 3797aa, is a discretionary grant program that provides grants and technical assistance to states, local governments, Indian tribes, and tribal organizations in order to increase public safety by facilitating collaboration among the criminal justice, juvenile justice, mental health, and substance-abuse treatment systems to increase access to treatment for offenders with mental illness. The goals of the program are to:

1. Protect public safety by early intervention to treatment for people with mental illness or a co-occurring disorder who become involved with the criminal or juvenile justice system;
2. Provide courts with appropriate mental health and substance use treatment options;
3. Maximize the use of diversion from prosecution and use of alternative sentences through community supervision and use of graduated sanctions;
4. Promote adequate training for criminal justice system personnel about mental illness and substance use disorders and appropriate responses to people with such illnesses;
5. Promote adequate training for mental health and substance use treatment personnel about criminal offenders with mental illness;

6. Promote communication among adult or juvenile justice personnel, mental health and co-occurring mental illness and substance use disorder treatment personnel; and
7. Promote communication, collaboration, and intergovernmental partnerships among tribal, municipal, county-, and state-elected officials with respect to mentally ill offenders.

Mentoring for Child Victims of Commercial Sexual Exploitation Initiative

The Office of Juvenile Justice and Delinquency Prevention's Mentoring for Child Victims of Commercial Sexual Exploitation Initiative, developed in FY 2011, seeks to enhance the capacity of youth service agencies to respond to the needs of victims of commercial sexual exploitation and domestic sex trafficking. Funding supports programs to develop or enhance their capacity to mentor juvenile victims of commercial sexual exploitation and domestic sex trafficking, as well as increase outreach and service provision to these youth. In FY 2014, OJJDP released a solicitation for this program and expanded the scope of the project to include targeted outreach to LGBTQ youth. Four programs received funding and are located in Boston, MA, Oakland, CA, Milwaukee County, WI and Miami, FL. The funded programs have enhanced and expanded outreach to victims and youth at risk of commercial sexual exploitation/domestic sex trafficking and continue to provide services such as mentoring, intensive case management, advocacy, and counseling.

Field Initiated Research and Evaluation Program

OJJDP's 2011 Field Initiated Research and Evaluation (FIRE) Solicitation funded a study to assess the characteristics and needs of the Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) youth; young men who have sex with men (YMSM); and young women who have sex with women (YWSW) who become involved in the commercial sex market in order to meet basic survival needs. In FY 2014, the research team completed interviews with 283 youth in New York City to gain a better understanding of what these youth have experienced and how the support networks including justice, housing, health, and social services have either provided support or failed to meet their needs. The researchers will provide an assessment of the role that homelessness plays in a youth's victimization and the findings from interviews with key agency stakeholders. Data collection for this project was completed in FY 2014, and the final results will be disseminated in FY 2015 and FY 2016.

National Incidence Studies of Missing, Abducted, Runaway and Thrown Away Children

OJJDP, pursuant to the Missing Children's Assistance Act (Pub. L. 98-473), is required to conduct periodic studies to determine the number of U.S. children reported missing and the number of children recovered during a given year. NISMART or the National Incidence Studies of Missing, Abducted, Runaway and Throwaway Children provides information on the number and characteristics of children who are gone from their homes either because they have run away or because they have been thrown out by their caretakers. . The third NISMART study (NISMART-3) is currently in the data collection phase. Final results are anticipated in 2015. The study findings will help provide an estimate of those youth who are at elevated risk for a variety of problems including homelessness

Number of People Experiencing Homelessness Assisted

Not available.

DEPARTMENT OF LABOR

The Department of Labor (DOL) fosters and promotes the welfare of job seekers, wage earners, and retirees of the United States by improving their working conditions, advancing their opportunities for profitable employment, protecting their retirement and health care benefits, helping employers find workers, strengthening free collective bargaining, and tracking changes in employment, prices, and other national economic measurements. In carrying out this mission, DOL administers a variety of federal labor laws including those that guarantee workers' rights to safe and healthful working conditions; a minimum hourly wage and overtime pay; freedom from employment discrimination; unemployment insurance; and other income support. In addition, the Veterans' Employment & Training Service (VETS) continues to administer programs to meet the employment and training needs of veterans and eligible spouses, especially those with significant barriers to employment under the Jobs for Veterans State Grants Program, and to connect employers across the country with work-ready veterans.

Homeless Veterans' Reintegration Program (Targeted)

The Homeless Veterans' Reintegration Program (HVRP) provides services to help Veterans experiencing homelessness obtain meaningful employment and to stimulate the development of effective service delivery systems to address the complex problems facing Veterans experiencing homelessness. It is the only nationwide program exclusively focused on assisting Veterans experiencing homelessness reintegrate into the workforce. Funds are awarded through competitive grants. Eligible entities include state and local Workforce Investment Boards, Native American tribal governments (federally recognized), Native American tribal organizations (other than federally recognized tribal governments), for profit/commercial entities, public agencies, and non-profits, including community-based and faith-based organizations.

Veterans are provided with intensive case management, employment and training services, and critical linkages to supportive services within their communities. Job placement, training, job development, career counseling and resume preparation are among other services provided by grantees.

Number of People Experiencing Homelessness Assisted:

For Program Year (PY) 2014 (July 1, 2014 through June 30, 2015), HVRP served 17,039 participants, 11,698 participants (68.7%) were placed into employment. For PY 2014, Veterans Employment and Training Service awarded 156 HVRP grants, of which 18 were Homeless Female Veterans and Veterans with Families grants.

Funding History (FY)

2014: \$38.1 million

2013: \$35.3 million

2012: \$38.2 million

2011: \$36.3 million

2010: \$26.3 million

Stand Downs (Targeted)

DOL sponsors Stand Downs, local events typically held for one to three days during which a variety of social services are provided to Veterans experiencing homelessness. The services can include shelter, meals, clothing, employment services, health screenings, haircuts and legal services. At some events, Veterans receive state identification cards and referrals to other supportive services. Federal funding can be used for sustenance and/or employment and training opportunities. Eligible grantees are state workforce agencies, state and local Workforce Investment

Boards, Veterans' service organizations, local public agencies, and nonprofit organizations, including faith-based and neighborhood partnerships. During FY 2014, VETS awarded 86 Stand Down grants totaling \$696,794. These non-competitive grants provided direct services to Veterans experiencing homelessness. Funding for Stand Down events is provided through the Homeless Veterans' Reintegration Program appropriation.

Veterans' Workforce Investment Program

The Veterans' Workforce Investment Program (VWIP) was authorized under section 168 of the Workforce Investment Act of 1998, and provided grant funding for employment and training services to veterans with a service-connected disability, veterans who have significant barriers to employment, veterans who served on active duty in the armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized, and recently separated veterans. Funds were awarded through competitive grants. Grantees included state and local Workforce Investment Boards, states and state agencies, local public agencies, and private non-profits, including faith-based and neighborhood partnerships. Veterans received skills assessments; individual job counseling; labor market information; classroom or on-the-job training; skills upgrading and retraining; and placement assistance and follow-up services. For Program Year (PY) 2014 (July 1, 2014 through June 30, 2015), 12 VWIP grants served 718 participants. The national average cost per placement was \$2,923.04 and 1,125 participants (71.3%) were placed into employment. For PY 2014, these grants emphasized innovative strategies to help veterans secure employment. The authority for the program expired with the enactment of the Workforce Innovation and Opportunity Act of 2014.

Homeless Female Veterans and Veterans with Families Program (Targeted)

The Homeless Female Veterans and Veterans with Families Program (HFVWWF) targets the subpopulation of female veterans experiencing homelessness and veterans with families experiencing homelessness. Funds are awarded through a competitive process. Eligible grantees are state and local Workforce Boards, local public agencies, for-profit/commercial entities, and non-profit organizations, including community-based organizations. Under the program, grantees provide support services to eligible female veterans and veterans with families who are currently experiencing or "at-risk" of experiencing homelessness. The program provides direct services through a case management approach that leverages federal, state, and local resources. Eligible veterans are connected with appropriate employment and life skills support to ensure successful integration into the workforce.

For Program Year (PY) 2014 (July 1, 2014 through June 30, 2015), over \$3.5 million of the amount appropriated for HVRP was used to fund HFVWWF. HFVWWF participants totaled 1,211 of the 17,039 HVRP participants and 775 (65%) were placed in employment.

Veterans Homelessness Prevention Demonstration Program (Targeted)

The Veterans Homelessness Prevention Demonstration (VHPD) Program is a three-year pilot partnership with VA, HUD, DOL, and local community agencies to explore ways the federal government can support early intervention to prevent veteran homelessness. The primary beneficiaries of this program are veterans returning from Iraq and Afghanistan with a specific focus on women veterans; veterans with families, especially with a single head of household; as well as National Guard and Reserve veterans who are being discharged from the military. This program provides an opportunity to understand the unique needs of this new cohort of Veterans and their families, and will support efforts to identify, conduct outreach, and assist them in regaining and maintaining housing stability.

As the lead agency, HUD received \$10 million dollars in funding to award grants for the provision of housing assistance and supportive services in five communities to prevent Veterans and their families from becoming homeless, or reduce the length of time Veterans and their families are homeless. All five communities participating in this demonstration were strategically selected due to their proximity to a military base, concentration of returning veterans from Iraq and Afghanistan, and availability of resources. One of the program's primary objectives was to

provide combined early intervention services for veterans who were at a high risk of experiencing homelessness, particularly veterans who served in Iraq and Afghanistan wars, and women veterans.

VA received \$5 million in funding to provide and coordinate outreach to help Veterans engage in VA health care treatment, services and benefits programs. Each local VA Medical Center has identified a VHPD team to work with the local grantees, VetCenter staff and DOL. Although DOL did not receive dedicated funding for this program, the Department assisted Veterans with gaining access to mainstream education and job training programs through American Job Centers, Disabled Veterans' Outreach Program Specialists, Local Veterans' Employment Representative Programs, and Homeless Veterans' Reintegration Programs. The 3-year demonstration served 4,824 adults and children, including 2,023 veterans in 1,976 households and ended in January 2015.

DOL's Mainstream Programs that Provide Assistance to People Experiencing Homelessness

DOL has a long history of helping individuals experiencing homelessness find permanent employment and achieve self-sufficiency. Through its employment and training programs, DOL provides individuals experiencing homelessness and those vulnerable to homelessness with critical tools and training to enter into the workforce and succeed.

The DOL homeless strategy focuses on helping Americans experiencing homelessness who want to work or can become job-ready by providing opportunities to achieve employment that leads to self-sufficiency. DOL's strategic objectives are to (1) provide access to mainstream employment assistance and services and (2) identify skills development designed for self-sufficiency.

DOL's mainstream programs authorized under the Workforce Investment Act (WIA), offer employment and training services through a network of approximately 2,500 American Job Centers to all individuals in need of assistance, including those who are homeless or at risk of becoming homeless. In Program Year 2014 (July 1, 2014 to June 30, 2015), the WIA Adult, Dislocated Worker, and Youth programs served 12,391 individuals experiencing homelessness. In addition, American Job Centers, under the Jobs for Veterans State Grants, served 12,215 homeless veterans and eligible spouses.

Several of DOL's national, competitive grant programs serve homeless populations. The YouthBuild program aims to increase the supply of permanent affordable housing for individuals experiencing homelessness and low-income families, where, as part of their occupational skills training, youth build or renovate housing in their local communities for individuals experiencing homelessness and low-income families. In Program Year 2014, 1,552 of YouthBuild participants experienced homelessness. The Reentry Employment Opportunities program provides employment and training services to youth and adults involved in the criminal justice system. Among active, multi-year grants, 32 participants were homeless or at risk of homelessness at the point of enrollment. Finally, DOL's Workforce Innovation Fund (WIF) supports innovation at the systems and service delivery levels. In 2012, DOL awarded the first round of grants under the WIF; and a second round in 2014. Four of the 37 grants from these two rounds are working to integrate workforce development and housing/homeless systems at the local level.

DEPARTMENT OF TRANSPORTATION

The U.S. Department of Transportation has no programs that provide direct assistance to individuals experiencing homelessness. However, the Department of Transportation is a partner at both the state and local level in helping communities address strategies that impact the use of transportation facilities by individuals experiencing homelessness including increasing the availability of public transportation which is among the most frequently cited needs among people experiencing homelessness.

DEPARTMENT OF VETERANS AFFAIRS

The United States Department of Veterans Affairs (VA), along with its community partners, continues to make progress in preventing and ending Veteran homelessness. VA and its dedicated staff who serve this population will not rest as long as there are any Veterans experiencing homelessness in our nation. VA firmly believes that one Veteran experiencing homelessness is one too many. The brave men and women who have served and continue to serve deserve no less.

VA is taking decisive action toward the goal of preventing and ending homelessness among our nation's Veterans. To achieve this goal, VA has implemented a plan to prevent and end homelessness among Veterans that will assist every eligible Veteran willing to accept services. VA is helping Veterans acquire safe housing, secure needed treatment services, pursue opportunities to return to employment, and receive benefits assistance. These efforts are intended to end the cycle of homelessness for Veterans and their families, and to prevent Veterans and their families from becoming homeless. VA's philosophy of "no wrong door" means that all Veterans experiencing or at risk of homelessness will have easy access to VA programs and services. Any door a Veteran comes to at a medical center, a regional office, or a community organization will offer the Veteran assistance.

The initiative is built upon six strategies: outreach/education, treatment, prevention, housing/supportive services, income/employment/benefits, and community partnerships. These six strategies encompass a wide continuum of interventions and services to prevent and end homelessness among Veterans.

VA Agency Priority Goals/Measures

In partnership with HUD, VA aimed to assist in housing 24,000 additional homeless Veterans (12,000 per year) and reduce the number of Homeless Veterans to 43,000 in 2013, to be measured in the January 2014 PIT count. As of September 30, 2014, a cumulative total of 51,913 Veterans had leased housing under the HUD-VASH program.

According to The 2014 Point-in-Time Estimates of Homelessness: Supplement to the Annual Homeless Assessment Report, 49,933 Veterans were homeless in the United States on a single night in January 2014. Homelessness among Veterans has declined by nearly 33% since the January 2010 Point-in-Time count.

Below is detailed information on each of VA-specific outreach programs that provide services to Veterans and their families with program descriptions, Veteran eligibility, and beneficiaries.

National Call Center for Homeless Veterans (Targeted)

The National Call Center for Homeless Veterans (NCCHV) was created in 2010 to ensure 24-hour assistance to Veterans experiencing homelessness, those at risk of becoming homeless, and to community organizations with the goal of connecting them to local resources for help in times of crisis. This program allows those experiencing or at risk of homelessness access to VA resources (VAMCs, transitional facilities, mental health services) in a timely manner while referring individuals in need to other community resources available.

Number of People Experiencing Homelessness Assisted

The NCCHV operates 24 hours a day, 365 days a year. Veterans may also go to the website and chat with a trained VA responder. From FY 2012 to FY 2014, calls to the hotline rose from 80,558 to 112,076, a 39% increase. From FY 2013 to FY 2014, calls rose from 111,549 to 112,076, less than a 1% increase.

Veterans experiencing or at risk of homelessness are the beneficiaries of this program.

Funding History (FY)

2014: \$4.5 million

2013: \$4.9 million

2012: \$3.9 million

2011: \$5.3 million

2010: \$2.4 million

Health Care for Homeless Veterans Program (Targeted)

The primary mission of the Health Care for Homeless Veterans Program (HCHV) is to connect Veterans experiencing homelessness to needed health care and social service programs via extensive outreach. HCHV outreach is conducted by clinical teams at 135 VA Medical Centers (VAMCs), making it possible for Veterans to enter the network of VA-funded health care and social service programs with the end goal of eliminating homelessness. HCHV also provides residential treatment for mental health and substance use problems through contracts with community service providers, as well as long-term case management for Veterans in permanent housing who need ongoing support.

Number of People Experiencing Homelessness Assisted:

As of September 30, 2014, 4,877 Veterans have received services in HCHV Contracted Emergency Residential Services, with an increase of 12% from FY 2013.

During FY 2014, HCHV increased its number of contracted Low Demand Safe Haven (LDSH) beds from 173 to 274, nationwide. As of September 30, 2014, 972 chronically homeless Veterans were admitted to the Low Demand/Safe Haven residential care model that targets chronically homeless Veterans with mental illness and substance use problems and who have failed in traditional programs. This represents an increase of 172% from FY 2013. Through the 4th quarter of FY 2014, 158,553 Veterans experiencing homelessness have been served through HCHV outreach, surpassing the 146,054 served in FY 2013.

Veterans experiencing homelessness, who are unsheltered, are the primary beneficiaries of outreach services and are the beneficiaries of HCHV program.

Funding History (FY)

2014: \$140 million

2013: \$129 million

2012: \$119 million

2011: \$201 million

2010: \$110 million

2009: \$80 million

Stand Downs (Targeted)

Stand Downs are held by community agencies in partnership with VA in an effort to outreach and provide service to Veterans experiencing homelessness. Stand Downs are one- to three-day events providing health screenings, VA and Social Security benefits counseling, and referrals to a variety of other necessary services, such as housing, employment and substance use disorder treatment. Stand Downs are collaborative events coordinated between local

VAMCs, other government agencies, and community agencies which serve Veterans experiencing homelessness. At the local level, community organizations along with local VAMCs coordinate annual Stand Down events in their communities. Veterans and family members experiencing homelessness are the beneficiaries of Stand Downs.

The data from these events is gathered by VA-identified coordinators through the Office of Public and Intergovernmental Affairs, Homeless Veteran Initiative Office.

Number of People Experiencing Homelessness Assisted

Approximately 320 Stand Downs were held in 2014, a 77% increase from the 180 held in 2013. Stand Down events were held in 50 states, the District of Columbia, and Puerto Rico. The total number of Veterans served during 2014 Stand Downs was more than 80,000, more than a 60% increase from the 49,791 Veterans served at 2013 Stand Downs.

Veterans Benefits Assistance Outreach Program (Targeted)

Homeless Veterans Outreach Coordinators (HVOCs) or Homeless Veterans Claims Coordinators (HVCC) are located at 57 VA benefits regional offices nationwide. The HVOCs and HVCCs provide VA benefits access and information through outreach efforts to Veterans who are homeless and Veterans at risk of homelessness including those involved with the criminal justice system. Additionally, they perform outreach to homeless Veterans at homeless shelters, homeless Stand Downs, and other areas where homeless Veterans may be located as well as through state and local community providers. They also work with VA health care professionals to assist Veterans who are experiencing homelessness and connect them to helpful resources such as emergency shelters as a first step to stable housing, while also working to ensure that all eligible Veterans are utilizing the VA's health care system for primary and emergency care. The HVOCs are often the first source of assistance and referral for Veterans to resources in their local area.

In FY 2014, HVOCs and HVCCs made 2,748 contacts with shelters for the homeless. During the same period, their referrals to VHA and the Department of Labor's (DOL) Jobs for the Homeless Program totaled 2,071. HVOCs and HVCCs made 2,761 referrals to other community support or social service agencies and were contacted by homeless Veterans for assistance 28,535 times.

HVOCs are proactive in assisting justice-involved Veterans. VBA partners with DOL to transition formerly incarcerated Veterans into the community by providing education and counseling about benefits. VBA also collaborates with VHA to provide benefit and service information and assistance to Veterans who are involved in the Veterans Treatment Courts or who will soon be released from jail. These partnerships ensure justice-involved Veterans receive information and assistance on both benefits and health services.

Through effective and targeted outreach, HVOCs provide Veterans who are experiencing homelessness or are at risk for homelessness, with valuable information and direct assistance and resources so they do not experience homelessness.

Number of People Experiencing Homelessness Assisted

During FY 2013, HVOCs conducted nearly 14,400 hours of outreach to over 56,800 Veterans experiencing homelessness.

Domiciliary Care for Homeless Veterans (Targeted)

Domiciliary Care for Homeless Veterans is a supportive residential rehabilitation and treatment program for Veterans experiencing homelessness. This residential rehabilitation and treatment program is provided to Veterans with multiple and serious medical conditions, mental health and substance use disorders, or psychosocial deficits. This intensive clinical care program emphasizes self-care and personal responsibility in addition to treatment programs for conditions that inhibit Veterans from exiting homelessness. It combines a wide range of programs for Veterans

to resolve immediate issues of mental health and substance use while continuing long-term support in their transition to stability and housing independence.

The program provides care to Veterans experiencing homelessness with mental illness, substance use problems, or serious medical conditions who meet applicable eligibility criteria.

Number of People Experiencing Homelessness Assisted

The DCHV programs served 8,413 unique Veterans in FY 2013 with 7,164 completed episodes of care for Veterans experiencing homelessness.

Funding History (FY)

2014: \$246 million

2013: \$245 million

2012: \$219 million

2011: \$222 million

2010: \$176 million

2009: \$115 million

Homeless Veterans Dental Program (Targeted)

The Homeless Veteran Dental Program (HVDP) is a targeted program for Veterans experiencing or are at risk of homelessness as part of the continuum of services available to gain stability and meaningful employment. This program works with VA-sponsored and VA-partnered homeless rehabilitation programs across the country to increase access to quality dental care. Dental problems, such as pain and missing teeth can be tremendous barriers in seeking and obtaining employment. With the provision of quality dental care, it is possible for Veterans to gain greater confidence and decrease dental pain and infection, supporting the inclusion of dental programs in the continuum of rehabilitation services for Veterans experiencing homelessness.

Veterans who meet eligibility requirements and are enrolled in one of the following programs VA Domiciliary Residential Rehabilitation Treatment, Grant and Per Diem, Health Care for Homeless Veteran Contract Residential Rehabilitation, Compensated Work Therapy/Transitional Residence and/or Community Residential Care are the beneficiaries for HVDP.

Number of People Experiencing Homelessness Assisted

18,979 Veterans were served in FY 2014.

19,098 Veterans were served in FY 2013.

17,761 Veterans were served in FY 2012.

13,023 Veterans were served in FY 2011.

11,052 Veterans were served in FY 2010.

Funding History

2014: \$8.9 million

2013: \$12.1 million

2012: \$10.3 million

2011: \$9.2 million

2010: Not applicable

2009: Not Applicable

Supportive Services for Veteran Families Program (Targeted)

The Supportive Services for Veteran Families (SSVF) program works with nonprofit organizations in providing social services to low-income and very low-income Veterans and their families currently residing in or transitioning to permanent housing. Funding to these organizations provides outreach and case management to families to help them through the process of accessing all VA benefits and mainstream benefits for which they are eligible. These benefits include access to health care, housing counseling services, temporary financial assistance, transportation services, child care services, and legal services. This program allows families (defined as a single person, or a family in which the head of household or the spouse of the head of household is a Veteran) to receive guidance and access to full range of community benefits available to maintain stable housing.

In FY 2013, SSVF provided assistance to over 60,000 Veterans and their family members, including more than 13,800 children. Services provided to these Veteran families were highly effective. The Supportive Services for Veteran Families (SSVF) FY 2013 Annual Report documented that 84% of those discharged from SSVF exited into permanent housing. Growth of this program builds on these proven results. For FY 2015, VA awarded \$507 million to 383 community agencies in all 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. On October 10, 2014, VA announced \$93 million in new funds available for SSVF through a Notice of Funding Availability (NOFA). In FY 2014, SSVF served approximately 130,000 participants.

Number of People Experiencing Homelessness Assisted

In the first two years of operation SSVF has served significantly more participants than expected. During this time almost 100,000 Veterans and their family members (97,979 people in total) received direct assistance from SSVF and 85% of those exiting SSVF had permanent housing. In the first year, 86% (16,204) of program participants who exited the program, including 86% of Veterans who exited, had a successful permanent housing outcome at an average cost of \$2,810 per household. Results in the second year were comparable with 84% (41,104) of program participants and 82% of Veterans in permanent housing at exit. However, there is a lower average cost per household of \$2,480 a cost reduction of 12% on average per household. The reduction in cost is largely driven by lower service costs and greater efficiencies achieved by renewal grantees in FY 2013.

Funding History (FY)

2014 (for 2015 services): \$300 million*

2013 (for FY 2014 services): \$300 million

2012 (for FY 2013 services): \$100 million

2011(for FY 2012 services): \$61 million

Homeless Providers Grant and Per Diem (Targeted)

VA's Homeless Providers Grant and Per Diem (GPD) Program is offered annually to fund community agencies providing services to Veterans experiencing homelessness. Its purpose is to promote the development and provision of supportive housing and/or supportive services with the goal of helping Veterans experiencing homelessness achieve residential stability, increase their skill levels and/or income, and obtain greater self-determination. Program funds are appropriated toward the provision and maintenance of transitional housing facilities and service centers for Veterans (Grant Program), as well as for the operational costs for services provided to Veterans while in transitional housing (Per Diem Program). Grant funds are awarded annually for up to 65% of the costs of construction, renovation, or acquisition of a building to be used as a service center or transitional housing facility for Veterans. Per Diem funds are used to offset the operational costs (including salaries) of providing transitional housing or social services for Veterans with community partners. While priority for the Per Diem Program is given to those who receive VA grant funding, nonprofit organizations can apply for Per Diem funding separately. Both of these programs enable Veterans experiencing homelessness to take a first step to stability through transitional supports, and eventually moving to permanent housing and a better quality of life.

GPD Program Special Needs funding is available to serve five populations: women, frail elderly, the terminally ill, the chronically mentally ill, and individuals who have care of minor dependents. Eligible community partners providing transitional housing and services are eligible applicants to receive this funding. Veterans experiencing homelessness are the beneficiaries of this program funding.

Number of People Experiencing Homelessness Assisted

In FY 2014, VA awarded \$8.8 million in grants to fund 164 projects in 37 states, the District of Columbia and Puerto Rico to rehabilitate currently operational transitional housing projects and acquire vans to facilitate the transportation needs of homeless Veterans. VA also announced that it is making renewed funding available to 25 organizations in 11 states that provide transitional housing and supportive services to homeless Veterans with special needs. The GPD Special Need Grants totaling \$5 million are afforded to grantees to continue providing enhanced services to homeless Veterans from any or all of the following groups with special needs: women, frail elderly, terminally ill, chronically mentally ill and individuals who care for minor dependents. Furthermore in FY 2014, 14,824 Veterans were discharged to permanent housing and 45,221 unique Veterans have received services through the GPD program.

Funding History (FY)

2014: \$244 million

2013: \$230 million

2012: \$234 million

2011: \$172 million

2010: \$175 million

2009: \$128 million

Housing and Urban Development – Veterans Affairs Supportive Housing Program (Targeted)

In 1992, VA partnered with HUD to launch the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program. HUD-VASH was initiated with the objective of serving Veterans experiencing homelessness with mental illness through two closely linked interventions: (1) a housing subsidy provided through HUD's section 8 Housing Choice Voucher program and (2) a community-oriented clinical case management effort by VA.

In FY 2008, Congress appropriated funding to HUD for the creation of close to 10,000 new section 8 vouchers for use by the HUD-VASH program. This unprecedented expansion resulted in providing services at VAMCs in 135 communities, bringing services to all 50 states, the District of Columbia, Puerto Rico and Guam. Every year since then, additional vouchers have been funded. In FY 2014, Congress appropriated funding for approximately 10,000 additional vouchers, bringing the total number of vouchers appropriated to over 68,000.

VA case managers provide a range of supportive services focused on helping Veterans to obtain housing and move into permanent housing and sustain housing in the community. The program continues to target the most vulnerable, Veterans experiencing chronic homelessness, incorporating a Housing First approach. Approximately 12% of Veterans participating in HUD-VASH are female. Approximately 21,128 families were served by HUD-VASH in FY 2014, with 3,316 new Veterans families admitted.

HUD-VASH targets Veterans experiencing homelessness who most need the case management services in order to obtain and sustain housing including Veterans who are chronically homeless. Homeless Veterans who require health care and case management services in addition to permanent housing are eligible beneficiaries for the HUD-VASH Program. Housing Choice Vouchers are funded through HUD annual appropriations, and the case management services are funded through VA annual appropriations.

Number of People Experiencing Homelessness Assisted

On September 30, 2014, 58,135 Vouchers were allocated to Veterans. The vouchers were distributed to 51,913 Veterans were housed with a HUD-VASH voucher; 3,344 Veterans in the process of securing housing with a HUD-VASH voucher; and 691 Veterans awaiting a HUD-VASH voucher to be issued by the Public Housing Authority.

Funding History (FY)

2014: \$341 million

2013: \$288 million

2012: \$170 million

2011: \$120 million

2010: \$71 million

2009: \$27 million

Homeless Patient Aligned Care Team (H-PACT)

H-PACT provides a coordinated “medical home” services specifically tailored to the needs of homeless Veterans. At selected VA facilities, Veterans are assigned to an H-PACT care team that includes a primary care provider, nurse, social worker, homeless program staff and others who provide medical care, case management, housing and social services assistance, and coordinate the health care they may need while assisting them in obtaining and staying in permanent housing.

- H-PACTs currently provide care to over 14,000 Veterans, a 100% increase over end of FY 2013, at 50 different VA facilities compared with 35 sites in FY 2013. An additional 7 sites opened in FY2014/15.
- H-PACTs are enrolling Veterans with the most severe and complex illnesses into their programs, with a Diagnostic Cost Group Severity Index score that is 1.5 to 2.0 times higher than the general VA population.
- Through H-PACTs, these Veterans are receiving high intensity/high frequency care, including 47,982 primary care visits, an average of 3.5 visits per patient, and 83,588 visits with the H-PACT team social workers and nurses each year.

- The H-PACTs have also been able to effectively engage homeless Veterans in care at their respective VAMCs with over 21,000 specialty care visits received. Among H-PACTs located in Community Resource and Referral Centers (CRRCs), there was a 92% increase in mental health care, a 492% increase in primary care, and a 200% increase in receipt of specialty care compared with what they received in the year prior to coming to the CRRC and being enrolled in H-PACT care.
- This has resulted in a 25% reduction in both emergency department visits and hospitalizations at VA facilities in the 6 months after being enrolled in an H-PACT, compared to the 6 months prior.

Homeless Veteran Supported Employment Program (Targeted)

In FY 2011, VAMCs received up to four years of funding to hire approximately 400 new vocational rehabilitation specialists (VRSs) to provide employment services to Veterans experiencing homelessness. Medical centers were required to hire Veterans who were homeless, formerly homeless or at risk of homelessness for these positions. The Homeless Veteran Supported Employment Program (HVSEP) was a collaborative effort between the Compensated Work Therapy (CWT) and Homeless Veterans Programs. HVSEP provides vocational assistance, job development and placement, and ongoing support to improve employment outcomes. These services are provided within a community-based as opposed to medical center-based context to promote community integration among Veterans experiencing homelessness.

Number of People Experiencing Homelessness Assisted

In FY 2013, of the 4,601 Veterans experiencing homelessness who were provided employment services through HVSEP, 1,932 were competitively employed at exit.

In FY 2014 (through May) of the 2,412 Veterans experiencing homelessness who exited HVSEP, 1,061 were competitively employed.

Homeless Veterans Community Employment Services (HVCES)

To ensure that homeless Veterans will have increased access to employment services, in the 3rd quarter of FY 2014 new Community Employment Coordinators (CEC) for homeless Veterans were funded at each VAMC. These staff augment and coordinate the competitive employment services that are currently available for homeless and chronically homeless Veterans both at VAMCs and in the community. The CECs oversee the provision of training and guidance to all VA homeless programs and staff on resources that result in competitive employment outcomes for homeless Veterans. The CECs also provide direct assistance in connecting Veterans to the most appropriate and least restrictive VA and community-based employment services leading to competitive employment with appropriate supports.

VA's Homeless Shelter Program (Targeted)

VA's Homeless Shelter Program can assist homeless provider organizations in acquiring property for use as shelter primarily for Veterans experiencing homelessness, but also for other individuals and families experiencing homelessness. Every property VA obtains through foreclosures on VA-guaranteed mortgages can be made available for purchase by qualified nonprofit homeless providers at a discount, which ranges from 20 to 50%, depending on the length of time the property has been listed for sale. Program resources are dependent upon available VA-acquired properties, which may be located in any U.S. state or territory. Nonprofit organizations use their own sources of funding to purchase VA properties at a discounted price. VA program resources include permanent appropriations to the Veterans Housing Benefit Program Fund and offsets from loan fees paid by Veterans who acquired VA-guaranteed loans.

In FY 2014, VA sold 76 properties under this program.

Preventing Veteran Homelessness through Mortgage Foreclosure Assistance (Targeted)

VA has a long-standing policy of encouraging mortgage servicers to work with Veteran borrowers to explore all reasonable options to help them retain their homes and avoid foreclosure. One option may involve establishing a plan to pay the regular mortgage installment each month plus a portion of the delinquent amount over an extended period of time. Another option may be to extend forbearance; i.e., a period of time with no payments or reduced payments made with the expectation that circumstances will change and/or a large monetary amount (like a tax refund) will be received that can then be applied to pay off the delinquency. Another option is to modify the terms of the loan by rolling the delinquency into the unpaid principal balance and establishing a new repayment schedule, sometimes with reduced interest rate or an extended repayment term.

Significant accomplishments in FY 2014 include 9,022 loans that were reinstated after repayment plans, 383 after special forbearance arrangements, and 10,005 after loan modifications. While VA continually encourages servicers to assist Veteran borrowers in retaining their homes that are in default and at risk of foreclosure, we are uncertain how many of those Veterans may have become homeless because they would have been unable to find other suitable housing if foreclosure had occurred. In FY 2014, VA and private-sector loan servicers helped 80% (79,814) of Veterans in default retain their homes or avoid foreclosure.

VA may intervene with mortgage servicers to provide home retention assistance or foreclosure avoidance options on behalf of any Veteran who has a VA-guaranteed home loan that is in, or at risk of default. In addition, VA Loan Technicians are available nationwide to deliver financial counseling to Veterans with conventional loans.

Number of People Experiencing Homelessness Assisted

In FY 2013, VA helped 73,560 Veterans and Service members who were in default retain their home or avoid foreclosure, a 5.2% increase over the prior year (FY 2012).

In 2014, VA helped 79,814 Veterans and Service members, who were in default, retain their home or avoid foreclosure, a 9% increase from 2013.

Expedited Claim Processing for Homeless Veterans (Targeted)

A Homeless Veterans Claims Coordinator (HVCC) is located in each VA regional benefits office. When a Veteran experiencing homelessness initiates a claim for benefits, their claim is identified and prioritized through an electronic homeless flash on the Veteran's record. This flash enables the VA regional office to track and monitor the processing of all claims for Veterans experiencing homelessness. Veterans at risk of homelessness or experiencing extreme financial hardship who initiate claims are also prioritized through an electronic hardship flash on the Veteran's record. Each VA regional office's management staff provides oversight on homeless claims to ensure they are properly identified and processed quickly.

During FY 2014, VBA continued to operate on longstanding procedures to expedite the processing of Veterans experiencing homelessness' claims with a goal of an average of 75 days pending. Significant accomplishments in FY 2014 include an 11.7% increase in completed homeless claims from FY 2013 (13,812) to FY 2014 (15,434).

During FY 2013 VBA completed 13,719 compensation and pension claims for homeless veterans.

During FY 2014 VBA completed 15,434 compensation and pension claims for homeless veterans.

Excess Property for Homeless Veterans Initiative (Targeted)

The Excess Property for Homeless Veterans Initiative provides for the distribution of federal excess personal property such as sleeping bags, hats, coats, footwear, and other items to Veterans experiencing homelessness. The majority of this surplus property is distributed at Stand Downs by VA and its community partners serving Veterans experiencing homelessness and their families.

Nonprofit organizations providing services for Veterans experiencing homelessness are eligible applicants for the program. Veterans experiencing homelessness and their families are the primary beneficiaries of this program. Excess federal property is given as it becomes available to VA, which then determines the route of distribution, mostly through Stand Down events.

CHALENG Program: The Community Homelessness Assessment, Local Education and Networking Groups Program for Veterans (Targeted)

In 1993, VA launched Project CHALENG (Community Homelessness Assessment, Local Education and Networking Groups) for Veterans, an innovative program designed to enhance the continuum of care for Veterans experiencing homelessness provided by the local VA and its surrounding community service agencies. The guiding principle behind Project CHALENG is that no single agency can provide the full spectrum of services required to help Veterans experiencing homelessness become productive members of society. Project CHALENG enhances coordinated services by bringing VA together with homeless Veterans, community agencies and other federal, state, and local governments that provide services to Veterans experiencing homelessness to raise awareness of Veterans experiencing homelessness' needs and to develop plans to meet those needs.

At the local level, VAMCs and regional offices designate CHALENG points of contact (POCs) who are responsible for conducting annual meetings. CHALENG POCs work with local agencies and community partners throughout the year to coordinate services for Veterans experiencing homelessness.

Veterans experiencing or at risk of homelessness are the beneficiaries of all Project CHALENG programs. This program is funded through the VA annual appropriations.

Veterans Justice Outreach Initiative and Health Care for Reentry Veterans

Incarceration is one of the most powerful predictors of homelessness, and VA has two programs intended to serve justice-involved Veterans. The goal of both programs is to provide timely access to VA services for eligible Veterans, preventing homelessness while providing resources to mental health and other clinical treatment aimed toward a lasting rehabilitation and independence for the involved Veterans. Veterans who are homeless or at risk of homelessness, those in frequent contact with the criminal justice system, and those reentering the community from incarceration are the primary beneficiaries of these programs.

The Veterans Justice Outreach (VJO) Program provides outreach to Veterans involved with the local justice system (i.e., police, jails, and courts). Each VA medical center has at least one VJO specialist who serves as a liaison between VA and the local criminal justice system; there currently are 247 full-time VJO Specialists. VJO specialists work with Veterans in a variety of justice system settings, including the growing number of Veterans treatment courts, to achieve VJO's goal of linking justice-involved Veterans with VA services.

The Health Care for Reentry Veterans (HCRV) program provides pre-release outreach, assessment, linkage, and brief post-release case management services for incarcerated Veterans released from state and federal prisons. There are now 44 HCRV specialists across the country tasked with partnering with state and federal correctional staff to identify incarcerated Veterans, perform pre-release assessments, and facilitate post-release linkages. HCRV specialists now have established outreach programs in 998 (81%) of the 1,234 state and federal prisons nationwide.

Number of People Experiencing Homelessness Assisted

The VJO program has served more than 87,000 Veterans to date, and the HCRV program has served more than 63,000 Veterans to date. In FY 2014, HCRV prison outreach clinicians contacted and conducted re-entry planning with 16,786 Veterans in state and federal prisons. VJO Specialists saw 41,683 Veterans in FY 2014.

Funding History

2014: \$28.7 million

2013: \$25.4 million

2012: \$18.3 million

2011: \$22.4 million

2010: \$4.8 million

2009: N/A

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service (CNCS) is a federal agency that engages more than 5 million Americans in service through its AmeriCorps, Senior Corps, Social Innovation Fund, and Volunteer Generation Fund programs, and leads the President's national call to service initiative, United We Serve.

Working hand in hand with local partners, CNCS taps the ingenuity and can-do spirit of the American people to tackle some of the most pressing challenges facing our nation.

In recognition of this successful foundation, Congress in 2009 passed the Edward M. Kennedy Serve America Act, bringing CNCS' programs to higher levels of impact, innovation, and effectiveness. Coupled with a new 2011-2015 strategic plan, CNCS has a clear roadmap for using national service to address six major challenges facing communities: disaster services, economic opportunity, education, environmental stewardship, healthy futures, and Veterans and military families.

Several of the six focus areas include strategies and objectives that address homelessness and the prevention of homelessness. For example, the economic opportunity focus area supports activities that assist economically disadvantaged people in improving access to services and benefits aimed at contributing to their enhanced financial literacy and security; transitioning into or remaining in safe, healthy, affordable housing; and in improving their employability, and thus, leading to increased success in obtaining employment.

The following overview highlights CNCS' support of homelessness programs in FY 2014, with some specific examples of projects.

Senior Corps (Mainstream)

Senior Corps connects individuals, ages 55 years and over, with the people and organizations that need them most. Senior Corps volunteers become mentors, coaches, or companions to people in need, or contribute their job skills and expertise to community projects and organizations. Conceived during Lyndon Johnson's presidency, Senior Corps currently links more than 300,000 individuals aged 55 years and older, to service opportunities. Their contributions of skills, knowledge, and experience make a distinct impact on individuals, nonprofits, faith-based and other community organizations throughout the United States. There are three programs in which Senior Corps volunteers participate:

- Foster Grandparents mentor, support, and help some of the most vulnerable children and young people in the United States.
- RSVP (Retired and Senior Volunteer Program) volunteers put their unique talents to work to make a difference, from connecting Veterans experiencing homelessness to resources, serving in food banks and homeless shelters, and helping to build affordable housing.
- The Senior Companions program helps adults in their community who have difficulty with the simple tasks of day-to-day living maintain their independence in their own homes. Senior Companions assist their frail peers with the life skills necessary to remain in permanent housing, including shopping and light chores, interacting with doctors, or making a friendly visit.

Number of People Experiencing Homelessness Assisted

In FY 2014, 139 Foster Grandparent projects engaged 766 volunteers to provide mentoring and support to 2,173 homeless children.

In FY 2012, 177 RSVP projects engaged 965 volunteers who served 241,354 hours to support populations facing homelessness.

AmeriCorps State and National (Mainstream)

AmeriCorps State and National programs engage national service participants in providing direct service to address unmet community needs. Local programs design service activities for a team of AmeriCorps members serving full- or part-time for up to one year. Members also help to recruit community volunteers to expand the reach and effectiveness of the organization where they serve.

Number of People Experiencing Homelessness Assisted

In FY 2013, 27 AmeriCorps State and National programs transitioned nearly 17,000 economically disadvantaged individuals, including individuals experiencing homelessness, into safe, healthy, affordable housing. Examples of AmeriCorps State and National projects that serve the individuals experiencing homelessness include:

- **Front Steps Keep Austin Housed Program – Austin, Texas**
AmeriCorps members serving in the Front Steps Keep Austin Housed Program (KAH) serve individuals who are homeless through the Keep Austin Housed collaborative in Austin, Texas. The nine-agency partnership serves homeless adults, families with children and youth, as well as individuals and families that are at imminent risk of becoming homeless. AmeriCorps members help clients develop skills for independent living including obtaining income, job development skills, employment and obtaining and maintaining long-term affordable housing.
- **Homeless and Housing Coalition of Kentucky – Kentucky**
The Homeless and Housing Coalition of Kentucky (HHCK) provides construction, rehabilitation, repair and other housing service activities in order to increase Kentucky's safe and affordable housing stock for individuals and families that are low income or have a disability. The AmeriCorps members are responsible for building, rehabilitating, repairing and otherwise making available 1,600 safe and affordable housing units annually. In addition, the AmeriCorps members leverage at least 550 unduplicated volunteers each year.
- **Veterans Legal Corps – AmeriCorps National Direct**
Equal Justice Works AmeriCorps members, who are lawyers or law students, serve at non-profit legal aid organizations and state courts in 40 states to resolve legal problems that impact homeless veterans.

AmeriCorps VISTA (Mainstream)

AmeriCorps VISTA, the national service program designed specifically to fight poverty, has a long history of supporting organizations to create or expand programs that address homelessness. Many VISTA members help build the capacity of organizations that operate shelters, distribute food, mentor children, and provide outreach.

In FY 2014 alone, VISTA members served with 100 organizations around the country that work to end or prevent homelessness. Here are examples of AmeriCorps VISTA projects that serve the individuals experiencing homelessness include:

- **Metro Government of Nashville and Davidson County– Davidson County, Tennessee**
Metropolitan Homelessness' mission is to bring together advocates, nonprofit organizations, for-profit business leaders, government agencies, and the general public to collaborate on solutions to end homelessness in Nashville, TN. The proposed VISTA project aligns with the Economic Opportunity focus area and specifically Housing. The VISTA project will seek to create and implement a functional coordinated entry system for individuals and families that will replace the current maze with a clear and seamless housing and service delivery process that in turn move more people into permanent housing solutions and out of poverty. Four VISTA members will contribute to the goals of the project by evaluating current entry systems prevention, creating a single entry and improving data collection and quality and providing accurate information on what kind of assistance homeless individuals and families need over the course of three years needed to complete this project.

- **New Mexico Coalition to End Homelessness— New Mexico**

The mission of the New Mexico Coalition to End Homelessness is to assist communities to create solutions to homelessness from prevention through permanent housing by using action, advocacy, and awareness. The continuing VISTA project aligns with the economic opportunity focus area. The VISTA project will seek to build the capacity of 15 agencies in New Mexico that serve homeless people in the areas of fund raising, grant writing, volunteer recruitment and public relations. The project is expected to benefit about 2,000 homeless people in New Mexico including chronically homeless people with disabilities, homeless youth, families with children and victims of domestic violence.

- **HUD Office of Housing Assistance and Grant Administration**

On August 28, 2014, CNCS and the HUD Office of Housing Assistance and Grant Administration executed an Interagency Agreement (IAA) that makes available funds for ensuring that affordable housing remains accessible for Americans experiencing poverty. As of November 2015, 40 AmeriCorps VISTA members are working on this project.

In the summer of 2015, HUD and CNCS signed an amended Agreement that provided additional funding and programmatic flexibility. The project will continue through FY 2018 with a total of 200 AmeriCorps VISTA slots over the course of four years and a \$4 million total investment from HUD. Total CNCS support is estimated at \$1.88 million for supporting the AmeriCorps VISTA members funded by the original August 2014 IAA and the Amended IAA.

Preserving privately-owned, HUD-assisted rental units is a key tenet of the United States Interagency Council on Homelessness's efforts to increase access to stable and affordable housing, as outlined in the Federal Strategic Plan to Prevent and End Homelessness. This initiative with HUD will address the Plan's goal to "preserve over one million affordable rental units to help extremely low- to low-income households."

The 2015 amendment also allows expanded programming for HUD's Rental Assistance Demonstration project, which will provide additional leeway in revitalizing neighborhoods and in preserving affordable housing for HUD-assisted families.

AmeriCorps National Civilian Community Corps (Mainstream)

AmeriCorps National Civilian Community Corps (NCCC) is a full-time, team-based residential program for men and women age 18–24. Members are assigned to one of five campuses, located in Denver, Colorado; Sacramento, California; Baltimore, Maryland; Vicksburg, Mississippi; and Vinton, Iowa.

Each year, NCCC engages in short-term, high-impact service projects with organizations across the country that have missions related to expanding affordable housing opportunities and providing immediate aid to Americans experiencing homelessness. In FY 2015, in the pursuit of providing domestic resources to economically disadvantaged Americans, NCCC built approximately 275 houses and processed or distributed more than 367 tons of food donations and more than 96 tons of clothing donations.

Number of People Experiencing Homelessness Assisted

In FY 2015, approximately 1,270 NCCC members served throughout the country on short term intensive projects including those related to housing and homelessness. During the year, NCCC assisted approximately 18,731 people experiencing homelessness.

Examples of AmeriCorps NCCC projects that serve the individuals experiencing homelessness include:

- **Virginia Coalition to End Homelessness; Hampton, VA**

The Virginia Coalition to End Homelessness (VCEH) in Hampton, VA received 2 AmeriCorps NCCC teams this year to assist newly housed veterans and other populations. The VCEH's mission is to prevent and end homelessness in Virginia through community collaboration, capacity building, education and advocacy. Corps members prepared and served 596 meals, and they received, inventoried, and distributed 14,293 pounds of food donations and over 5,000 lbs. of household goods. The team made "Welcome Home" baskets, which included household goods for veterans moving into housing after having experienced homelessness. Members documented and created a database of veterans in need of assistance, and made over 350 phone calls to individuals who had used winter housing to see if they still needed help. The teams renovated multiple transitional housing centers, and landscaped at both the H.E.L.P. Day Center, which provides training and assistance to those experiencing homelessness, and the Natasha House, a transitional home for women and their families. At the Menchville House, an emergency shelter for families, Corps Members repaired software and internet connection issues at the house computer lab.

- **Salt Lake City, UT | The Road Home**

The Road Home is a private non-profit social service agency that assists individuals and families experiencing homelessness in Salt Lake County and along the Wasatch Front. Their mission is to help people step out of homelessness and back into the community. According to Utah's Homeless Point-In-Time Count, it is estimated that 13,621 people in the state experienced homelessness during 2014. Increasingly, the people experiencing homelessness are families with children. An AmeriCorps NCCC team was requested to join in The Road Home's poverty alleviation efforts. Over the course of their round, the team checked guests into their rooms each night and sorted through 2,310 pounds of food items and 7,322 pounds of clothing items that had been donated to the shelter's warehouse. The team also conducted 150 surveys with residents of the shelter, which were geared towards helping the city improve and expand future services. All of these actions aimed to have residents return to the shelter on a nightly basis and utilize the services that the shelter provided. This, in turn, aids in Salt Lake City's mission to help the homeless find homes, and return to the workforce and their communities

- **Hillcrest Transitional Housing; Kansas City, KS**

An AmeriCorps NCCC team partnered with Hillcrest Transitional Housing (HTH) to make apartments more energy efficient, weatherized, and safe to house 12 families a year being transitioned to self-sufficiency. Additionally, members helped stock and provide clothes, furniture, toiletries and food to families in need. HTH is a high-accountability program that provides rent-free, utility-free housing, a food pantry, life-skills counseling and professional services to homeless families. The projects members worked on spanned from building decks and balconies at the apartment complex, to assisting with the renovation of the Hillcrest Thrift Store. While working in Saint Joseph, MO, the team split into two groups and half built balconies, while the other half worked on remodeling the Hillcrest Thrift Store. In the thrift store, the team installed drywall, painted 22 rooms, power washed and spray painted the building, and moved over 8,000 pounds of items. In Kansas City, KS the team worked together and landscaped the entire campus, painted two apartments, sorted 500 pounds of goods at the thrift store, and cleaned out seven basements and installed dehumidifiers.

Social Innovation Fund

The Social Innovation Fund (SIF) is a powerful approach to transforming lives and communities that positions the federal government to be a catalyst for impact — mobilizing private resources to find and grow community solutions with evidence of results. Authorized by the Edward M. Kennedy Serve America Act in April of 2009, the SIF is a program of CNCS that empowers organizations to identify and support sustainable solutions that are already making a significant impact in transforming communities. The SIF has two grant programs: Classic (the original SIF program) and Pay for Success (founded in 2014). Through these programs the SIF and its grantees create a learning network of organizations working to implement innovative and effective evidence-based solutions to local and national challenges in three priority areas: economic opportunity, healthy futures, and youth development. Since 2010 the SIF has made awards totaling \$282,664,611 to 43 grantees.

Examples of SIF projects that serve the individuals experiencing homelessness include:

- **Corporation for Supportive Housing – New York City, New York**

The Corporation for Supportive Housing (CSH) has received \$5.75 million since 2011. CSH is an established leader in the supportive housing movement. CSH's SIF initiative supports an integrated approach to addressing chronic homelessness among individuals with complex health needs. CSH works with subgrantees that collaborate with public agencies to identify frequent users of public health systems and provide supportive housing tied to client-centered, integrated primary and behavioral health services. At scale, this initiative will serve individuals experiencing homelessness who are frequent users of public health systems in San Francisco, CA; Hartford, CT; Los Angeles, CA; and Ann Arbor, MI. These locations have a significant level of need and opportunity to develop and scale innovative supportive housing models that target this population. By coordinating the needed services and the public systems that serve these frequent users, the potential for impact is substantial. In a Huffington Post blog released earlier this year CSH President and CEO Deborah De Santis stated, "Our association with the SIF allows us to expand supportive housing and ensure its replication is tied to quality and actual performance."

- **Ending Community Homelessness Coalition, INC. – City of Austin and Travis County, Texas**

Ending Community Homelessness Coalition, INC. (ECHO) is a subgrantee of the Corporation for Supportive Housing (CSH), an organization that collaborate with public agencies to identify frequent users of public health systems and provide supportive housing tied to client-centered, integrated primary and behavioral health services. CSH anticipates working with ECHO to develop methods that a) determine eligibility for the initiative across the three systems, and b) identify payment structures that reflect the distribution of cost benefits among jurisdictional units.

- **Enterprise Community Partners, INC. – Denver, Colorado**

Nonprofit Finance Fund will provide Enterprise Community Partners a subgrant of approximately \$250,000 to support the final stages of structuring a PFS transaction in Denver, Colorado. Transaction structuring activities will be conducted by staff of Enterprise Community Partners, Inc. and CSH, with consulting services provided by Social Impact Solutions and the Urban Institute. The Housing to Health Initiative will provide supportive housing to 300 chronically homeless individuals with significant primary and behavioral health challenges, making them "super utilizers" of emergency health and criminal justice services (arrests, bookings, courts, jail bed days, detox, and emergency room visits).

- **Office of the Mayor – San Francisco, California**

Harvard Kennedy School Social Impact Bond Lab (HKS SIB Lab) is working with the San Francisco Mayor's Office to assess how PFS strategies can improve outcomes for San Francisco's high-needs populations through HOPE SF, the Mayor's signature public-private partnership which aims to break generational cycles of poverty, violence and isolation, and improve social and economic outcomes for public housing

residents. A primary goal of the work with the SIB Lab will be to conduct a feasibility analysis of proposed community-wide and specific target population strategies using the Pay for Success model. A Pay for Success model could help San Francisco ensure evidence based and outcomes-focused social service delivery, and better alignment of City funding and contracts and private sector funding to build stronger communities for public housing residents.

GENERAL SERVICES ADMINISTRATION

The General Services Administration (GSA) is responsible for promoting effective use of federal real and personal property assets, as well as the disposal of property that is no longer mission-critical to federal agencies.

Real Property – Homeless Assistance Program (Targeted)

With thousands of properties in the federal portfolio, disposing of underused federal real property is a considerable task. GSA—while working together with partner federal agencies, state and local governments, non-profit organizations, business groups, and citizens—leaves a lasting positive impact on communities by making valuable government real estate available for numerous public purposes.

Unneeded or underutilized federal property can vary widely in type and value, and may include the following:

- Undeveloped land;
- Office buildings;
- Warehouses;
- Commercial and industrial facilities;
- Military holdings; and
- Single- and multi-family residences.

These former federal properties can contribute to a community's vitality by providing benefits such as the following:

- Expanded employment opportunities;
- Housing for people experiencing homelessness; and
- Establishment of educational centers, parks, and open spaces.

Property may be located in any of the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, or the U.S. Pacific Territories.

Pursuant to Title V of the McKinney-Vento Homeless Assistance Act, state and local governments, as well as non-profit organizations, are eligible to apply for land and buildings that have been determined to be “suitable and available.” Properties may be used for a wide variety of programs and services for homelessness, including, but not limited to, emergency shelters, transitional programs (with occupancy limited to 24 months), food banks, job training, storage facilities, supportive housing or administrative use.

The GSA Public Buildings Service, Office of Real Property Utilization and Disposal partners with the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS) to manage the surplus real property homeless assistance program for properties in GSA's disposal inventory.

The McKinney-Vento Homeless Assistance Act, as amended, authorizes the identification and use of underutilized, unutilized and surplus property for use to assist people experiencing homelessness. This determination is made using the following process:

- GSA completes and forwards checklists to HUD on properties reported by federal agencies as excess to their need and not previously reviewed by HUD for suitability determination.
- HUD determines which properties are “suitable” for use as facilities to assist with homelessness and advises GSA accordingly. These assets may consist of land and buildings in urban and rural areas and may be used for shelters, clinics, storage or administrative space.

- GSA determines if there is an alternative federal use for each “suitable” property. If none exists, GSA advises HUD that the “suitable” property is available for homeless purposes.
- HUD then publishes the properties in the Federal Register that are “suitable and available,” “suitable and unavailable,” and “unsuitable” for homeless use.
- GSA notifies homeless providers that have been identified by the National Coalition for the Homeless, state and local government units, entities that have expressed interest, and other organizations when “suitable and available” properties are published in the Federal Register. Homeless assistance providers interested in any of these properties must request an application from, and apply to HHS.
- HHS evaluates the homeless providers’ applications and if approved, requests that GSA assign the property to HHS for conveyance to the homeless provider. HHS then leases or deeds the property to the approved provider.

Number of People Experiencing Homelessness Assisted

Not available.

Funding History (FY)

2013-2014: No properties were conveyed for homeless use in FY 2013-FY 2014.

Between fiscal years 1988 and 2014, the General Services Administration (GSA) has assigned 96 properties valued at over \$142 million dollars to the Department of Health and Human Services (HHS) for conveyance to homeless assistance providers for a variety of purposes.

For example, during FY 2010, GSA assigned one property valued at \$4.6 million dollars to the Department of Health and Human Services (HHS) for conveyance to a homeless assistance provider for future use in serving the nation’s population facing homelessness. The property was the Former GSA Motorpool Building in Brooklyn, NY. The property was assigned for conveyance to Overcoming-Love Ministries to provide transitional housing facilities to families.

This program is not separately funded in GSA’s Office of Real Property Utilization and Disposal.

Barriers to Access

GSA continues to work with HUD and HHS to streamline the process of identifying excess real property and qualifying it for homeless use. GSA expeditiously submits evaluation criteria to HUD for all eligible excess real property for determination of suitability for use by homeless assistance providers. Agency associates continuously review and respond to homeless inquiries in a timely manner. Applications for surplus real property are evaluated by HHS with each applicant notified of the evaluation results.

Efforts to Increase Participation by People Experiencing Homelessness or Service Providers

The GSA outreach system provides customers and stakeholders with the information for the conduct of internal and external customer service requirements. This information pertains to legal requirements and processes for doing business with the federal government. The following are key requirements of this system:

- Knowledge Management System provides seamless access to all property related information and provides the necessary tools to equip realty associates to be more productive and efficient in administering program requirements.
- [Resource Center internet/intranet application](#) provides the central focus site for customers to access on-line resources and applications. The internet-based and real property section provides customers with laws, regulations and guides for an overview of the property disposal process. The Office of Real Proper-

ty Disposal Resource Center has been enhanced and homeless assistance providers now have the ability to register to receive automatic electronic notification when real property that is suitable and available for homeless use is posted to the site.

- GSA also provides the public with access to [information on real property assets, services, and application processes and requirements](#).
- During FY 2014, GSA provided McKinney-Vento Act training to 25 federal landholding agencies through the Real Property Utilization and Disposal Training classes and webinars. We also provided McKinney-Vento Act training to the Department of Agriculture and the National Aeronautics and Space Administration. In addition, HUD, HHS and GSA conducted a joint webinar to provide program information to federal landholding agencies and organizations.

Personal Property – Homeless Assistance Program (Targeted)

GSA's Federal Surplus Personal Property Donation Program enables certain nonfederal organizations to obtain personal property that the federal government no longer needs and can be of benefit to the community.

GSA works together with State Agencies for Surplus Property (SASP), its partners on the state level, to transfer surplus personal property to certain eligible organizations. Surplus property can include all types and categories of property such as food, clothing, beds, medical supplies, furniture, and a host of other items.

The following activities are eligible to receive donations of federal surplus personal property through the SASPs:

- Public agencies
- Nonprofit educational and public health activities, including programs for people experiencing homelessness and nonprofit and public programs for the elderly
- Public airports
- Educational activities of special interest to the Armed Services

The GSA's Federal Acquisition Service's Office of Personal Property Management manages the Personal Property Utilization and Donation (U&D) Program, which includes the Federal Surplus Property Donation Program.

Surplus property is transferred by GSA to State Agencies for Surplus Properties (SASPs) for donation to a variety of non-profit and public agencies, including providers of homeless assistance.

Number of People Experiencing Homelessness Assisted

Not available.

Funding History (FY)

2012: \$2.9 million of property (Latest data available from SASPs).

Since its inception this program has been instrumental in transferring more than \$163.8 million dollars (through FY 2012) worth of property through SASPs to shelter operators and other providers of homeless services. Funding is provided for the U&D program as a whole. There is no separate funding for the Federal Surplus Property Donation Program. Therefore, no funding level data can be provided for either the donation program as a whole or the homeless assistance element of this program.

Barriers to Access

SASPs are self-funded state organizations that must charge a minimal service and handling fee to cover the cost of operating their programs.

Efforts to Increase Participation by People Experiencing Homelessness or Service Providers

Staff specialists promote GSA's property donation program through participation in seminars and workshops throughout the nation. GSA also provides congressional district offices, state and local governments with program information. SASPs are required to annually report on their efforts to donate personal property to homeless service providers, and also engage in extensive outreach programs with their constituent donee organizations. In October 2012, GSA and the Illinois SASP worked together to donate more than \$1 million dollars in winter clothing, boots, blankets, and related items to statewide organizations and providers of assistance to the homeless. GSA has developed a web page to provide information on the Federal Surplus Personal Property Donation Program. The web site includes information on activities eligible to receive donations of federal surplus personal property, including homeless programs, and SASP contacts.

SOCIAL SECURITY ADMINISTRATION

Social Security Insurance and Supplemental Security Income (Mainstream)

Although SSA does not have specific programs designed to help individuals facing homelessness, we do have programs that provide important assistance to those who are aged or have a disabling condition. These programs are often the first step in stabilizing an aged or disabled individual experiencing homelessness. SSA's commitment to serving the American public includes outreach efforts to people experiencing homelessness and other disadvantaged populations, encouraging them to take part in the programs we administer. Our policy is to expedite applications from individuals experiencing homelessness to every extent possible. We assist people experiencing homelessness through our network of 1,199 field offices. SSA field offices provide a wide range of activities and offer special procedures to reduce the problems faced by individuals experiencing homelessness in obtaining Social Security retirement or survivor insurance benefits (RSI), or disability insurance benefits (SSDI) to which they may be entitled; and/or Supplemental Security Income (SSI) payments based on age or disability for which they may be eligible.

The Social Security Administration (SSA) provides monthly benefits to millions of Americans who are retired or unable to work due to a disability. The RSI and SSDI programs are social insurance programs that pay benefits based on a worker's prior earnings. Dependents, such as spouses and children of retired or disabled workers, or survivors of deceased workers, may also receive benefits. The SSI program makes monthly payments to aged individuals age 65 or older, and to individuals who are disabled, who have limited or no other income. SSI also provides basic support to needy individuals who are blind. The SSI program is need-based and funded through general revenues.

Barriers to Access

Applicants experiencing homelessness may experience challenges in keeping appointments and maintaining contact with SSA. SSA allows an individual to appoint a representative to help him or her conduct business with SSA, such as providing assistance in filing a claim for SSDI benefits or an application for SSI payments, filing an appeal, and complying with SSA's requests relating to the application or appeals process. Anyone may name a representative to act on his or her behalf by submitting a Form SSA-1696 "Appointment of Representative," or an equivalent written document. Once recognized by SSA, the appointed representative will receive copies of notices and will be able to handle matters for an individual experiencing homelessness.

We have established an accessible network of methods to contact and do business with our agency. People can file applications, question administrative actions, and transact business with us using means that are available to almost everyone including persons experiencing homelessness. These methods include not only using the telephone and TDD, but also using internet connections which are frequently available in public places such as libraries. We issue secure passkeys to those who transact business through the internet, which allows for the use of publicly-accessible internet connections for secure transactions.

SSA Field Offices and State Disability Determination Services throughout the nation have set up liaisons and special procedures with various organizations to assist homeless individuals to apply for and maintain entitlement to SSDI benefits or eligibility for SSI payments. These activities include:

- Building relationships with community programs to provide immediate assistance and resolve issues; visiting homeless shelters and hospitals to take applications; assisting individuals with SSDI post-entitlement, or SSI post-eligibility actions; and distributing public information materials to appropriate agencies involved with homelessness;
- Scheduling some consultative examination(s) for an individual experiencing homelessness so that the individual is provided the date, time, and location of the appointment before leaving the field office;
- Working with the Department of Veterans Affairs (VA) to help Veterans experiencing homelessness file applications or maintain SSDI entitlement or SSI eligibility, and joining in Project Homeless Connect and Veterans Stand Down events;

- Taking part in state and regional homeless coordinating committees;
- Setting up prerelease agreements with prisons to allow for quicker processing of cases for aged and disabled prisoners who are about to be released into the community;
- Training social workers, advocacy organizations, legal aid, and law enforcement agencies on how to complete applications forms and the documents needed for case processing; and
- Conducting workshops to provide information on programs and services, such as online services and work incentives.

SSA Initiatives to Help Those Who Are At Risk of or Experiencing Homelessness

We set up special procedures to assist with disability case processing for individuals experiencing homelessness. In July 2012, we published program-wide instructions directing our Field Offices and the State Disability Determination Services to flag disability applications from individuals experiencing homelessness for special handling. See [DI 11005.004](#), Identifying and Flagging Homeless Cases. In FY 2014, we conducted an internal study to examine the number of SSDI disability claims and SSI applications based on disability that were flagged as homeless.

SSA is currently conducting several initiatives designed to remove barriers, speed applications, and help those who are homeless or at risk of becoming homeless. These initiatives include:

- **San Francisco and Santa Cruz Counties Homeless with Schizophrenia Presumptive Disability Pilot Demonstration (HSPD)**

To improve service to individuals experiencing homelessness with schizophrenia or schizoaffective disorder, SSA began a pilot demonstration in San Francisco, Santa Cruz, and Los Angeles to test the viability of offering Presumptive Disability (PD) determinations to this group under the SSI program. PD is a policy that allows individuals applying for SSI to receive up to six months of payments before a final disability determination, based on strong evidence that he or she will be found disabled. The pilot is a collaborative effort by the local agencies and SSA.

The pilot ran from April 2012 through April 2014 in three field offices (San Francisco, Santa Cruz, and Los Angeles) where local community partners helped individuals with gathering medical evidence and filing applications. In the two-year period, 260 individuals received help with filing applications and qualified applicants received PD payments. We are gathering and examining more data to determine programmatic outcomes and are working on a final evaluation report.

- **Benefits Entitlement Services Team Demonstration Project (B.E.S.T.)**

To improve the overall conditions of individuals experiencing homelessness, Los Angeles County conducted a demonstration project to find homeless adults and help them apply for SSDI benefits or SSI payments based on disability. B.E.S.T. was a unique partnership between the Los Angeles County Department of Health Services, SSA, and the California Disability Determination Services. LA County awarded a contract to a federally qualified health center that provided case management, physical and mental health evaluation and documentation, transportation resources, and coordination with SSA. SSA conducted an evaluation and determined that B.E.S.T. contributed to increased access to disability benefits and to SSI payments based on disability.

- **SSI/SSDI Outreach, Access and Recovery (SOAR)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) funds the SSI/SSDI Outreach, Access and Recovery (SOAR) project. The goal of the project is to help states and communities increase access to SSDI and SSI for people experiencing homelessness with mental illnesses or co-occurring substance use disorders. SOAR consists of strategic planning meetings, technical assistance, and training for direct service staff who work with people experiencing homelessness.

SSA supports this initiative by reviewing the submitted SSDI and SSI applications and encouraging SSA participation at SOAR training. SSA also supported an evaluation of SOAR by providing program data to SAMHSA and its contractors.

For more information on SOAR, please visit the [SOAR webpage](#).

- **Disability Determination Process Small Grant Program (IDDP)**

SSA awarded a grant to Policy Research, Inc. (PRI) aimed at improving the disability determination process. PRI makes small stipends available to graduate students for innovative research relevant to the disability programs. The purpose of the IDDP is to encourage innovative research by graduate students focusing on topics related to the disability determination process for SSA's two disability programs – SSDI and SSI. This research includes topics such as the Wounded Warriors initiative, functional capacity, homelessness and SSI, and disability enrollment issues.

- **Fast Track Initiatives**

We are committed to providing SSDI benefits and/or SSI payments based on disability quickly to individuals whose medical conditions are so serious that they clearly meet our disability standards. Our two fast-track processes, Quick Disability Determinations (QDD) and Compassionate Allowances (CAL), use technology to identify individuals with the most severe disabilities and allow us to expedite our determinations on those cases while maintaining accuracy. These initiatives have been two of our greatest successes in recent years. We can approve some cases in a matter of days instead of months.

The QDD process uses a computer-based predictive model to screen initial applications to identify cases for which a favorable disability determination is highly likely and medical evidence is readily available. By identifying QDD cases early in the process, we can prioritize this workload and expedite case processing. The CAL process is a way of quickly identifying cases involving diseases and other medical conditions that invariably qualify under the Listing of Impairments based on minimal objective medical information. The CAL process allows us to target the most obviously disabled individuals for allowances based on objective medical evidence that we can obtain quickly.

From October 2013 through September 2014 (Fiscal Year 2014), we identified over 175,000 of our initial disability cases (6.6% of the total) for fast-track processing.

The 100% Permanent & Total (P&T) Veterans Initiative is a process to expedite the SSA disability claims of all Veterans who: (1) have disability claims pending with SSA; and (2) have a VA disability compensation rating of 100% P&T. Currently, Veterans must provide proof of their P&T rating. SSA and VA worked together to establish an interagency agreement with VBA to support the initiative with a one-time data match that was run on May 17, 2014. This VA data file identified Veterans rated 100% P&T as of February 28, 2014 so that SSA could automatically flag those Veteran's cases for expedited services without Veterans submitting proof. Through this joint initiative, SSA has expedited 6,826 SSDI or SSI disability claims for Veterans during fiscal year 2014. VA and SSA collaborated to fully automate the data matching process to further speed up identifying and handling claimants with 100% P&T ratings by the VBA.

- **Health Information Technology (HIT)**

In order to improve the speed and quality of the medical evidence gathering process and to take advantage of the healthcare community's increasing adoption of electronic health records, we are using health IT to automate the process. This improves service to the public by streamlining medical record collection. When an individual applies for disability benefits, SSA must obtain medical records to make a decision on their claim. Using health IT, electronic medical records can be quickly retrieved from a participating partner, usually within seconds or minutes.

UNITED STATES POSTAL SERVICE

The U.S. Postal Service's mission is to provide the nation with reliable, affordable, universal mail service. As part of this commitment, the Postal Service serves on the United States Interagency Council on Homelessness. The Postal Service has made every effort to provide delivery to people experiencing homelessness through Post Office boxes and general delivery. Although 9/11 legislation and related guidelines have strengthened the identification requirements for mail delivery, the Postal Service continues to accommodate those experiencing homelessness.

The Postal Service and the National Association of Letter Carriers hold the largest one-day food drive in the nation on a yearly basis. In 2014, generous Americans donated 72.5 million pounds of food. This represents the 11th consecutive year the event has surpassed 70 million pounds and adds to the more than 1 billion pounds of food collected since the Stamp Out Hunger Food Drive began in 1993. Donations of canned goods and non-perishable food items will feed countless families in need.

